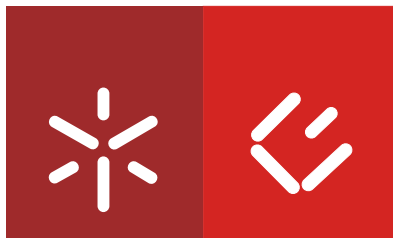


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Khin Ma Ma Gyi

**Uma análise das práticas de Gestão de Recursos Humanos no sector da saúde na Tailândia: O estudo de caso dos hospitais públicos e privados na Tailândia.**

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Dissertação de Mestrado  
Mestrado em Gestão de Recursos Humanos

Trabalho realizado sob a orientação da  
**Professora Doutora Carolina Feliciano Machado**

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Universidade do Minho, \_\_\_\_/\_\_\_\_/\_\_\_\_

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## ABSTRACT

Thailand, full meaning symbolize “land of the free” is the distinction of being the only country in South East Asia never to have been colonized. The country is the democratic country with constitutional monarchy, having the King as a head of the state. Country in closed relationship with U.S since late 1940s, the western exposure on education and some management practices including human resource practices have been implemented in organizations in Thailand. The health care sector has been operating as a key player with highest manpower compare to other sectors in Thailand thus, the challenges are numerous in relate to human resource management.

The study of human resource practices in health care sector is intriguing because, the traditional employment management systems of Thai firms are implementing modernised methods, which many of them are imported from the West. Furthermore, Thai culture, influenced both from East and South Asia, substantially influence on HR practices. Based on Thailand’s historical background, Buddhism and culture values, this study aims to examine the human resource practices in selected public hospitals and private hospitals in Thailand in order to compare and contrast the findings of those HR managements.

The research was done by using the qualitative method. To figure out the social culture influence at working place, the opinions were gathered during semi-structured interviews and conversations with medical doctors, professional nurses, personnel officers and HR specialists, and other staffs in these sampled hospitals. Thailand’s Office of Civil Service Commission (OCSC) and Ministry of Public Health (MoPH) were requested and best co-operated to provide their profiles (Civil Service Act and annual report) for the analysis regarding HR policy. In the final part, interviews and discussions were conducted with key personnel in three public hospitals and two private hospitals. Particularly, the administrative structure of selected public hospitals is divided into three levels: central administration, local administration and provincial administration.

The study shows that the underlying Thai values and social cultures such as: patron-client relationship, seniority system, to act with compassion (*kreng ja*), face-saving, and being grateful (*katanyu-kataweth*) have much influence on HR practices either in the public hospitals or private hospitals. The seniority concept, derived from Confucius culture, has great influence yet in mutual relationships and also in the operation of the organizations. Therefore, the Thai traditional values have impact on the human resource practices on staff’s performance appraisal and career development.



## TÍTULO E RESUMO

Tailândia, cujo significado simbolizam a "terra dos livres", tem a distinção de ser o único país do Sudeste Asiático que nunca foi colonizado. É um país democrático com monarquia constitucional, tendo o Rei como chefe de Estado. Tem uma relação próxima com os Estados Unidos da América desde finais dos anos 1940, o que lhe proporciona uma exposição ocidental sobre as práticas educacionais e de gestão, incluindo a gestão de recursos humanos nas organizações na Tailândia. O sector da saúde opera como um fator-chave devido ao seu elevado número de trabalhadores comparativamente a outros sectores na Tailândia assim, os desafios da gestão de recursos humanos são inúmeros.

O estudo das práticas de gestão de recursos humanos no sector dos cuidados de saúde é intrigante porque os sistemas de gestão de emprego tradicionais das empresas tailandesas estão implementando métodos modernizados, muitos deles importados do Ocidente. Além disso, a cultura tailandesa, influenciada tanto do Oriente como do Sul da Ásia, influencia substancialmente as práticas de RH. Baseado no passado histórico tailandês, bem como no Budismo e cultura da Tailândia, este estudo pretende analisar as práticas de recursos humanos em determinados hospitais públicos e privados na Tailândia, para comparar e contrastar os resultados da gestão de RH destes.

A pesquisa foi efetuada utilizando o método qualitativo. Para descobrir a influência da cultura social no local de trabalho, as opiniões foram recolhidas através de entrevistas semiestruturadas e conversas com os médicos, enfermeiros, pessoal de recursos humanos e outras equipas de funcionários dos hospitais incluídos na amostra. Ministério da Saúde Pública (MoPH) e Departamento da Comissão de Serviço Civil (OCSC) também foram solicitados a fornecer os seus relatórios (lei do serviço civil e relatório anual) para apoio na análise sobre a política de recursos humanos. Finalmente, foram realizadas entrevistas e efetuados debates com pessoas posicionadas em locais estratégicos de três hospitais públicos e dois hospitais privados. Os hospitais públicos selecionados estão sob diferentes estruturas administrativas: central, regional e local.

O estudo mostra que as normas subjacentes tailandês e valores tais como: relação de patrão-cliente, sistema de antiguidade, ser atencioso (*kreng ja*), consideração e ser grato (*katanyu-katawethi*), têm muita influência sobre as práticas de recursos humanos, quer nos hospitais públicos, quer nos hospitais privados. O conceito de antiguidade, derivado da cultura de Confúcio, tem também muita influência não só nas relações mútuas, mas também no funcionamento da organização. Portanto, os valores tradicionais tailandeses têm impacto tanto nas práticas de recursos humanos como na avaliação do desempenho do pessoal e no desenvolvimento da carreira.





# TABLE OF CONTENTS

CHAPTER I – INTRODUCTION .....	1
1.1 Background of the study .....	1
1.2 Objectives and purpose of the study .....	2
1.3 Research questions .....	3
1.4 Methods, scope and limitation .....	3
1.5 Practical and theoretical relevance.....	3
CHAPTER II – LITERATURE REVIEW .....	5
2.1 The concept of national culture.....	5
2.1.1 Confucian values and the culture in management practice .....	8
2.2 Organizational culture in health care organization.....	9
2.3 HR functions in health care organization .....	9
2.4 Human Resource Practices .....	10
2.4.1 Recruitment and Selection.....	11
2.4.2 Benefits and compensation .....	11
2.4.3 Training and Development.....	12
2.4.4 Performance appraisal .....	13
2.5 Overview of Thailand Human Resource Practices .....	14
2.5.1 Country profile .....	14
2.5.2 Background: the changing Thai administrative context .....	14
2.5.3 Thailand's politics and economy .....	15
2.5.4 Thai values with cultural environment and religion .....	15
2.6 Human Resource practice in Thailand Public sector .....	16
2.6.1 Recruitment and Selection.....	16
2.6.2 Benefits and compensation .....	17
2.6.3 Training and development.....	18
2.6.4 Performance Appraisal .....	18
2.7 Human Resource practice in Thailand Private sector .....	19
2.7.1 Recruitment and Selection.....	19
2.7.2 Benefits and compensation .....	19
2.7.3 Training and development.....	20
2.7.4 Performance Appraisal.....	20
2.8 Challenges discussion .....	21
CHAPTER III – RESEARCH METHODOLOGY .....	23
3.1 Research design.....	23
3.1.1 Case study in qualitative research approach .....	23
3.1.2 Basic Characteristics of conversation and interview.....	25

3.2	Data collection method.....	26
3.2.1	Theoretical data collection.....	26
3.2.2	Empirical data collection .....	27
3.3	Data analysis.....	31
3.4	Ethical considerations.....	31
CHAPTER IV – RESEARCH FINDINGS AND DISCUSSIONS .....		33
4.1	Case description .....	33
4.1.1	Hospital A.....	33
4.1.2	Hospital B.....	36
4.1.3	Hospital C.....	38
4.1.4	Hospital D.....	40
4.1.5	Hospital E.....	42
4.2	Discussion .....	44
4.2.1	Thai values and culture which shape similarities on HR practices.....	47
	Benefits and compensation, performance appraisal .....	47
	Training and development .....	49
4.2.2	The organizational nature which create differences in practice.....	50
	Recruitment and selection .....	50
4.2.3	Major challenges at public and private hospitals.....	51
CHAPTER V – CONCLUSION, LIMITATION AND FUTURE RESEARCH.....		55
5.1	Conclusion .....	55
5.2	Recommendations .....	57
5.3	Limitations .....	58
5.4	Suggestions for future research .....	58
BIBLIOGRAPHY.....		59
APPENDICES .....		2
Appendix 1. National Administrative Structure of Thailand.....		2
Appendix 2. Organizational structure of Ministry of Public Health, Thailand .....		3
Appendix 3. Chinese value survey based on five cultural dimension .....		5
Appendix 4. Guidelines for interviewing and conversation .....		7

## LIST OF TABLES

Table 2. 1– Hofstede’s dimension of Thailand national culture.....	7
Table 3. 1 – Characteristic of four qualitative research approaches.....	24
Table 3. 2 – Basic characteristics of conversations and interviews.....	25
Table 3. 3 – Description of the organizations studied.....	29
Table 4. 1 – Ordinary civil service position allowance schedule.....	35
Table 4. 2 – Summary of HR practices in public and private hospitals.....	45
Table 4. 3 – Health care infrastructure in Thailand.....	51
Table 4. 4 – Number of proportion of doctors loss in relation to newly appointed doctors during 1994 – 2006.....	52

## LIST OF FIGURES

Figure 2. 1 – Level of Culture.....	8
Figure 3. 1 – Structure of Thai public administration.....	28
Figure 3. 2 – Case study Method.....	31

## GLOSSARY

BMA	Bangkok Metropolitan Administration. The name given to the local government of Bangkok which include the capital of Kingdom of Thailand under the management of Governor. The governor roles is equivalent to the city mayor and policy maker of urban development which include transport service, urban planning, waste management, housing, roads and highways, and security service and the environment.
CRG	Compensation Resource Group. Executive compensation and benefits consulting firms based in California. CRG firms work with large private and public corporation to design, fund, implement and administer compensation and benefits package for the employee. (source: <a href="http://www.compresources.net/index.htm">http://www.compresources.net/index.htm</a> )
Face- saving	Dignity or prestige. A behaviour of avoiding protects oneself, or another from a loss of face.
Hay system	Proprietary job evaluation system by a US consultant Ned Hay in 1948. It also called point factor system.
HiPPS	High Performance and Potential Service. Developed by Office of Civil Service Commission, Thailand to prepare the Thai government officers with high performance and potential to develop and learn through the workplace as continual learning.
HR	Human Resource. A set of people who make up a work force of an organization. The people that staff and operate an organization as contrasted with the financial and material resources of an organization. The organizational function that deals with the people. (source: The human resources glossary, <a href="http://humanresources.about.com/od/glossaryh/f/what_hr.htm">http://humanresources.about.com/od/glossaryh/f/what_hr.htm</a> )
HRD	Human Resource Development. A function in human resource management focusing on assisting employees develop their personal and organizational skills, knowledge and abilities.
HRM	Human Resource Management. A function within an organization that deals with issues related to people.
Hewitt system	US based Human Resource consulting firms specialised in benefits administration.
ICT	Information Communications Technology. A technology which aid in communications to process an information.
ISO	International Standardization Organization. Quality management system designed to help organizations ensure that they meet the needs of customers and stakeholders.
JCIA	Joint Commission International Accreditation. USA based, an independent, not for profit organization that evaluate and accredits healthcare organization.

Katanyu - Katawethi	Thai phrase derived from Pali (Buddhism language) words. In general means of <i>katanyu katawethi</i> is to remember what another had done for one, and to try to do something in return but different definition of loyalty.
KPI	Key Performance Indicators. Also known as Key Success Indicators. A program assist an organization define and measure progress towards organizational goals whether if it reaching performance goals. The indicators can be either financial or non-financial.
Kreng jai	<i>Deferential heart</i> . Thai phrase and a unique characteristic of South East Asian people, who are taught to be considerate of other people's feelings. A kind of consideration other's uncomfortable or causing difficulties or trouble to other people. There is no precise direct English word but usually mention as being aware of other's feeling and showing politeness, respect and consideration towards them.
Mee sen	A Thai slang word coming from one kind of noodle which forms long and thin shape describing of personal contact or network. Especially in job looking and doing business, mee sen is essential.
MOI	Ministry of Interior. One of an important organization a cabinet-level department in the Government of Thailand. Responsibilities including appointing provincial governors throughout the country.
Nam jai	<i>Water from the heart</i> . Thai phrase referring happy to make sacrifices for friends and extended hospitality to the strangers, an act of showing kindness without expectation of rewards or return.
NESDB	Office of the National Economic and Development Board. Government agency on planning and formulation development strategies for the needs of Thai citizens, headed by Secretary General.
OCSC	Office of the Civil Service Commission. The central agency under the Prime Minister's office and directly accountable to the Prime Minister in- charge of advising public sector in managing human resource and protecting merit system practice of civil service.
OPDC	Office of the public sector development commission. The office performs the administrative and secretary work in order to the public sector development and other government duties. Monitoring and evaluation of ministries and department operations, study, research and dissemination of data and knowledge, organizing training programs and recommending strategic plan and other actions.
Ordination leaves	A religious leave a country such as Thailand, Myanmar (Burma), Lao and Cambodia, all male workers are granted time off to be ordained as Buddhist monks for a limited period before returning to their job which practice is not compulsory to all male but usually every Buddhism male usually ordained once in their life.

Royal decoration	A person who contribute and who perform outstanding service to the country is awarded as an honour from the Royal family member in a badge, pendant or medal.
SAP	System Applications Products. A kind of computer software for data processing and is a system that provide users with a real time business application mainly focus on data security and data integrity.
TOEIC	Test of English for International Communication. An English language test to measure the language skills competency of non-native English speakers to work in international environment.
TOEFL	Test of English as Foreign Language. An English language test evaluating the ability of usage and understanding English in academic setting.
VOIP	Voice Over IP. Transaction techniques involves in the delivery of voice communications and multimedia section over internet protocol.

## **CHAPTER I – INTRODUCTION**

### **1.1 Background of the study**

The public sector in Thailand has been the major player in the country's health service system from the introduction of modern health services. It is undeniable that the public sector has a crucial role in meeting the health needs of the population, especially the underprivileged and disadvantaged. Given Thailand's economic crisis and experience with rapid fluctuations of the private sector over the last fifteen years, the government services delivery system has been a force for stability in the country.

However, health services operating under the conventional civil service system are not without problems. There are situations illustrating the weaknesses of a health services delivery system being managed under a highly centralized hierarchy. For instance, staffs working in the public sector lack motivation to deal with the large volume of work due to the fixed salary system and rigid manpower management rules and regulations. In addition, efficiency in the use of resources has not been ensured.

The Thai health service system is dominated by the public sector and operates under three-tier system made up of sub-district health centres, district hospitals and regional hospitals. The management of public hospitals in Thailand in general is in need of more efficiency. Hospitals are generally managed by doctors who have mostly acquired the skills by learning through doing. In regards of hospital management, private hospitals have board committee members and the board committee is mainly responsible for making decisions at the policy level. They are liable to debts incurred if the hospital went bankrupt. The directors from private hospitals act as a key agent transferring the policy from board committee into hospital management. Thus, in private hospital management style, interaction between the leader of each functional unit and the staff is crucial as the leader has greater authority to monitor and evaluate his or her own staff than do those in the public hospital.

The public hospital policy is more either centrally or provincial oriented and is responsible in planning, coordinating, regulating and administering health services provided under the provision of Ministry of Public Health (MoPH). "Financing of public health facilities is through general taxation and allocation of government budget to the provinces and is based on input-oriented historical-based itemized budget process" (Suriyawongpasal, 2000, pp. 3).

Human resource management function has unique characteristics in health sector as the workforce is large, diverse and comprises separate occupations from sector specific skills to general. So, Human Resource for Health (HRH) is one of the most important and most expensive health resources. It is the HRM that determines the utilization of other health resources for this reason, human resource management (HRM) has been regarded to be the most crucial component for the successful arrangements of health care, (Suriyawongpasal, 2000). Organizational practices and policies on managing employees reflect the society's culture values, stated by Laurent (1986, pp.92) as "every culture has developed through its own history some



specific and unique insight into the managing of organization and their human resources. Every culture has also developed specific and unique blindspots in the art of managing and organizing”.

Thus, for HR personnel, understanding of an organizational culture is most important in order to understand the employees' values and beliefs. Saffold (1988, pp.547) mentioned that “Organizational culture and its environment factors in which organization exist determines the way of managing the organization”. Many researchers found out the impact of national culture on corporate culture and Thailand is one of the countries that belong to high power distance and low uncertainty avoidance, (Hofstead, 1991 & 1997). Hence, it would be more realistic to discuss the Thai social culture and their unique values impact to explain “what” current HR practices and organizational culture exist in sampled public and private hospitals in Thailand. And will frequently promotes theoretical reflection on the findings of “what” current HR practices and “how” organizational culture that emphasis the value of the employees, and its HR practices impact on performance appraisal and career development of the staff.

The chapter begins with the objectives of the research, followed by the practical and theoretical relevance. An overview of Thailand country profile is stated to provide geographical location of the study. There is then an introduction of Thai administrative system and HR practices in both public and private organization, providing general information of Thai HR practices influence of national culture. For better understanding and for reader's convenience, the author will provides a 'Glossary', a list of Thai terms with details meanings and translations.

## **1.2 Objectives and purpose of the study**

The main purpose of this study is to examine the human resource practices in some selected sample private hospitals and public hospitals in Thailand to compare and contrast the findings deriving from each organization under the social cultural influence.

Based on the background stated and overview of Thailand human resource practices above, the specific objective of the study is as follows;

- To access the existing HR practices of hospitals in health care service
- To identify the impact of HR practices on staffs' performance appraisal and career development in public hospitals and private hospitals

### **1.3 Research questions**

Based on the background of the study, the national culture influence on organizational culture and have impact on human resource management practices. Therefore, the discussion leads to the following research questions to this study;

1. What are the recruitment and selection process in both sampled private and public hospitals?
2. What are the employee's benefits and compensation in both sampled private and public hospitals?
3. What is the development program for the staff in both sampled private and public hospitals in terms of training?
4. How performance appraisal system is practicing in both sampled private and public hospitals?

### **1.4 Methods, scope and limitation**

Due to the complexity of concepts studied background values and HR practices, a standardised personal interview schedule was utilised, covering the perception of doctors, personnel/human resource managers, and the nurses. Since this is the general study, which intends to compare the HR practices between private hospitals and public hospitals in Thailand thus, interview questions focused on not into very depth insight of the parameters. Additionally, the definition of career development depends on different aspects, whereas the situational factors are one.

Despite extensive invitations to participate in the study, only five hospitals ultimately proved keen to take part due to the emergency stand-by for floods victim and deployment to flooded prone area to assist in treatment and counselling to pre and post-flood victims. The research sample is therefore small, and consequently unrepresentative of all hospitals in the region.

The choice for using case study approach is justified to have conceptualized research framework. In a case study, multiple sources of findings are used, although most findings coming from official publications, published materials, unpublished sources, newspaper articles and internet sources were utilised with personal interviews (Marsick, Watkins, 1997 & Myers, 2009). That is also the method used in this paper.

### **1.5 Practical and theoretical relevance**

Human resource management policies and practices adopted by organization in different countries are not exactly to one another. Human resource management practices and policies are not only based on the country's political, social, economic factors, but also are influencing by the value system particularly to that country's culture (Dowling, Schuler & Welch, 1994).

The author believe that the people involved in this paper, for instance, whose answering the questionnaires might be in somehow reflect of feeling of culture existence. There are many research works and theorists have studied culture difference and culture dimension. However, the influence of Thai national culture

impact on organizational culture in the field of human resource management practices particularly in health care organization has not yet been investigated in large extent and therefore this paper contributes.

The next chapter will provide literature review and also the theories inquired through researcher in order to have a better understanding on selected research area.

## CHAPTER II – LITERATURE REVIEW

### 2.1 The concept of national culture

The notion of culture has comprehensive meanings. It would be applicable to what will be observable and could be another connect of culture is subjective or implicit. The culture is a whole pattern of thinking, feeling and acting that is learned throughout the life since in the childhood (Trempeanaars & Hampden, 1998). The national culture is like a soft ware of the mind stated by Hofstede (1991), and it is dominating in daily life and fairly resistance to change (Newman & Nollen, 1996).

The value systems, as relatively stable structures of culture held by representative members of the culture, can reflect to quite some extent, the national character of that culture. As in many other culture, conceptually, the family always position as the basic social unit in South East Asian countries. The family provides individuals with physical protection, acceptance in the broadened community so, within the family society, a hierarchy structure is accepted and respect. Thus, status is allowed to the elders not only in core family also in community at large, as well in business relationship (Huat & Torrington, 1988).

The Thai value, derived from empirical data from two national samples, expressed by Komin (1991) with culturally meaningful data, the cognitive dimension underlying the Thai social system. Based on the data, Komin illustrated 9 values clusters represent of Thai value and culture. Those 9 values together with in-depth studies, Komin (1991, pp. 132-133) firmly stated that "Thai social system is the first and foremost a hierarchically structured society and interpersonal relationship are of utmost importance". Those 9 values consisted of;

1. Ego orientation
2. Grateful relationship orientation
3. Smooth interpersonal relationship orientation
4. Flexibility and adjustment orientation
5. Religo-psychical orientation
6. Education and competence orientation
7. Interdependence orientation
8. Fun pleasure orientation and
9. Achievement task orientation

Among the stated 9 values, only some values will be discussed in related to this paper, as those are somewhat reflect in business relationship into a certain degree.

Ego orientation: From the Komin (1991) value findings, majority of Thais are ego oriented, being oneself and very high value of self-esteem. This "ego" orientation is the root value underlying various key values of the Thais, such as "*face-saving*", criticism-avoidance, and the "*Kreng ja*" attitude which roughly means "feeling considerate for another person, not want to impose or cause other person trouble, or hurt

his/her feeling", Komin (1991, pp.135). The "face" is equally important as "ego" and is very sensitive issue and maintaining one's another ego is the basic rules of all Thais in interaction even the superior not to get too much of subordinate's or inferior's ego. Since Thai could observe how to interact based on this social root, they know how far they could go.<sup>1</sup>

Achievement task orientation: The research data done by Komin (1991, pp. 199-204) showed that "achievements by means of hard working characterized as a motivation need as an internal drive to Thais". But when Komin compared with social relationship value to the achievement value, keeping a good relationship showed more important on "relation over work".<sup>2</sup>

Social values, nowadays, are changing more to individualism, uncertainty and more diversity. Which means individuals, especially young generation at this period, are less influence by background national culture since there are many international and multinational organizations operating in Bangkok metropolitan and its vicinity, people are more open to have opportunity to work together to create a new culture. However, the common management style in Thailand is paternalistic (Hofstede, 1991, 1997) thus, Thai norms encourage interdependence and Thais expected employers to take care of them and in return the employees are expected to be loyal (Adithipyangkul & Prasarnphanich, 2008).

According to Hofstede (1997) the national culture of Thailand is characterized by relatively high in power distance among other Asian countries, high collectivism, lowest masculinity amongst other average Asian countries of 53 and the world average of 50. Thailand scores 34 on this dimension and considered a feminine society. High in uncertainty avoidance of score 64 indicates for preference of avoiding uncertainty, as well high in long term orientation as mentioned above, Thais preferred personal relationship and respect on tradition and inequality among people. By comparing China national values with Thailand would be more applicable according to the history of Thailand, Chinese population in Thailand is around 12% according to 2010 statistical data (Thailand National Statistic Office, 2011) and Sino-Thais<sup>3</sup> are the most dominant community in Thailand as well in other South East Asian countries (Bureau of East Asian and Pacific Affairs, 2011). Majority of the management level people, largest business and medium business owners are owned and founded by Sino-Thais in Thailand nowadays (Laothamatas, 1992).

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<sup>1</sup> Komin's (1991, pp. 133) value findings mentioned that the silent boycott or passive cooperation in the Thai social interaction can be very well interpreted as the symptom indicating that the *ego* has been hurt.

<sup>2</sup> Thai culture context for the achievement value is not fit with western especially Americans achievement value. While Americans having task itself and professionalism as achievement goal with self assertive efforts as means, Thai gives on work with good relation as necessary means by Komin (1991, pp. 203-204) on achievement motivation and material gain orientation in Psychology of Thai people.

<sup>3</sup> Migrant Chinese men married to Thai woman and Thai men married to Chinese women and children of intermarriage were aptly called Sino-Thais (Wikipedia, 2011).

Table 2. 1– Hofstede’s dimension of Thailand national culture

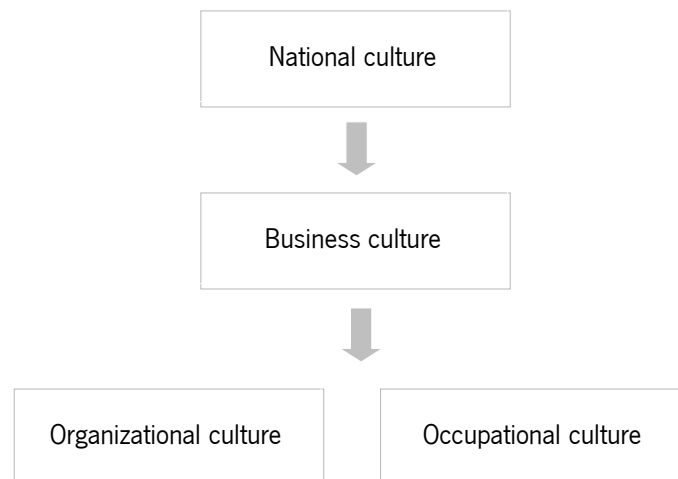
Dimension of national culture	Score	Score	Score	Thailand rank out of 74 countries
	Thailand	China	America	
Power distance (PDI)	64	80	40	21/23
Individualism vs. collectivism (IDV)	20	20	91	39/41
Masculinity vs. femininity (MAS)	34	66	62	44
Uncertainty avoidance (UAI)	64	40	46	30
Long term vs. short-term orientation (LTO)	56	118	29	8

Source: Hofstede, G. (2011) cites reference. Review on 9 December 2011 from <http://geert-hofstede.com/thailand.html>

In accordance with Hofstede’s research, the difference between national culture and organizational culture is that “national culture relates to our deeply held values regarding, for example, good vs. evil, normal vs. abnormal, safe vs. dangerous, and rational vs. irrational. National cultural values are learned early, held deeply and change slowly over the course of generations.” Moreover, he stated that “the differences between national cultures are mainly found in the deep rooted values of the respective cultures”. In contrast, he explained that “Organizational culture is comprised of broad guidelines which are rooted in organizational practices learned on the job” (Hofstede from ITAP webinar, 2011). Moreover, Tanova (2009) presented the level of culture, from national culture to business culture and from business culture to organizational culture and occupational culture, in Figure 2.1. Since the paper is simply comparative human resource management practices at public and private hospitals, discussion on all level of culture might not be discussed and focus would be only on general overview of Thai national culture to analyse on these effects in HR practices.

The administration and management system of Thai organizations are way of complicated HRM methods and strategies, as many of practices and strategies have been imported from the West. Nevertheless, Thai culture, influenced both from East and South Asia, also impact on HRM practices in some degree presented by Lawler, Siengthai & Atmiyanandana (2006).

Figure 2. 1 – Level of Culture



Source: The impact of National culture by Tanova (2009, slide no.5)

### **2.1.1 Confucian values and the culture in management practice**

Due to high Chinese emigration to many far eastern countries including Thailand as stated above, Confucian way of life influence in social relationship as well in management. Fan (1995) stated the Confucianism focus commitment to harmonious operation, welfare of society by keeping under paternalism and kinship. Wang et.al (2005, pp. 315) described the “five aspects of Confucian values as; hierarchy and harmony, group orientation, relationships, face and time orientation. In terms of “face” is somewhat different in Thai context. In Chinese context according to Confucian *Mianzi* (face) (Wang at el., 2005, pp.318) means “giving face and showing respect for one’s social status and reputation in society”. Protect one own “face” is less important than to give face to others. In slight contrast with Thai values, face is equally important as one’s ego for Thai (Komin, 1991). Avoiding or protecting oneself, or another, from loss of face for dignity or prestige (Roongrerngsuke, 2010) which is more attribute in avoiding direct and strong criticism, that might embarrass others.

As mentioned in the Thai national culture, most of the private firms in Thailand began as family-owned controlled enterprise majority by Sino Thai families, and some of the largest corporations are still managing under this way nowadays in Thailand, although pressure for change abound (Lawler & Siengthai, 1997, Lawler, Siengthai & Atmiyanandana, 2006). It is a common in many Asian countries, Chinese owned companies in many sectors especially in South East Asian countries: Philippines, Indonesia, Thailand, Cambodia, Myanmar and Indonesia. As per Lawler et al., (2006) stated the ideology of “Chinese management system” is a focus of social control and the organization structure is not well defined but formal systems of control. So, Confucian ethnic of being loyal to friends and family, conscientiousness and also serves to maintain the stability could be found in most of family enterprise organization (Chen, 1991 and Yasufumi, 1989). In terms of HRM practices,” family enterprise are rather ad-hoc systems and the personnel/HRM department is often little more than a payroll office” (Siengthai & Vadhanasindhu, 1991, pp. 236).

## **2.2 Organizational culture in health care organization**

Hospitals are facing challenging environment nowadays in many countries and there is an increase demand on efficiency and expectation on health care provision. The culture dimension varies across organization, be they consider by behavioural norms and expectation, perceived practices, or organizational value (O'Reilly, Chatman & Caldwell, 1991).

Scott, Mannion, Davies & Marshall (2003, pp.2) stated that "within a health organization's culture are likely to be found practices, values, beliefs and assumption that tend by their very nature to strongly resist attempt to change them". Beliefs and values encouraged employees via the understanding of the organizational culture of the organization, will directly affect the way in which they interact with not only fellow colleagues, but more importantly, outside entities such as customers, clients and suppliers; internal and external customers.

Vandenberghe (1999) demonstrated culture in health care industry into two types; professional and corporate culture. A professional culture values autonomy, expertise, sense of ethics, meaningful and challenging works, and dedication to service delivery. For corporate culture usually emphasis control, close supervision, work standardization, and productivity. These competing cultures may be disadvantageous to the emergence of the homogenous culture in hospitals. Moreover, organizational culture is more agile form of corporate culture examined by many researchers. As the characteristic of health care organization is diverse, the organizational culture will develop creativity in its member and promote overall tolerance of creative people. As illustrated by Deming (1986), every organization has both internal and external customers. Many hospitals mission statement and philosophies including hospitals in Thailand, address quality of work life (internal customers) and quality of patient life (external customers). Organizational culture in public hospitals which will mostly be a type of traditional hierarchical organizational model distinguished by controls, generally in the form of policy and procedures, and by unidirectional communication pattern. Sriratanaban & Wanavanichkul (2005) stated that the cultural and political environment does not simply allow applying modern management approaches in many public hospitals in Thailand. Sriratanaban, Pongpirul & Sriratanaban (2005) stated about the reason that the establishment of national health security scheme and health care reform are changing pattern of customers' expectation of quality service and as well competition among health service providers are increased. And a wider gap of wage different between those in private and public sector, resulted loosing physicians to private sector. Moreover, due to restriction and limitations of government's personnel regulations, the executives from public health sector have limited room to improve compare to private sector.

## **2.3 HR functions in health care organization**

On a day-to-day basis, all healthcare organizations must perform several basic functions in their HR activities. First, ideally these activities should be aligned with the larger strategy of the healthcare organization. Furthermore, the organization must recruit new members as it expand, or simply to counteract attrition due to



retirement, transfer or firing. The organization also must have legal, contractual relationship with its employees, Suriyawongpasal (2000). Employees must receive initial orientation in their duties with the organization, to be improved with further training and education as their job responsibilities change and evolve. “Because the health care organization does not want to waste the investment it has made in its employees, retention is of vital important” (Shi, 2007, pp. 10). Employees performance should evaluate time to time to ensure the employee has the best ‘fit’ with the organization, and the evaluation should be reflected in employee’s compensation as well.

## **2.4 Human Resource Practices**

Human resource management (HRM) practices are the main vein of the organization and their functions determine every organization’s success. Delaney & Huselid (1996) outline that, HRM best practices are designed to enhance the overall performance of employees within the organization, ultimately resulting in increased organizational performance. The contents of HR practices comprise the followings;

- Recruitment and selection process
- Orientation programs
- Benefits and Compensation management
- Training and development
- Performance management
- Rewards and Appraisal management
- Working condition and
- Career development

When the organization expands, they need to estimate its future HR needs through an activity called human resource planning. With future needs, organization needs to seek a recruitment to fill the skilful employees through selection process. So, the new comer must be oriented and trained to perform their responsibilities effectively. Today HR departments are impacting the organization like never before – they are not only recruiting the employees but also training them and ensuring that they are good performers. In addition they are involved in the strategic planning process and formulating policies accordingly in order to ensure that the organization attains its objectives. Besides, according to Suriyawongpasal (2000), the biggest paradigm shift has taken place in the health sector is that the patient has now started demanding a complete service experience rather than just a clinical outcomes regarding a particular disease or disorder. So that, the successful HR practices would be, for instance, a culture that emphasis the value of employees, scheduling flexibility, creative staffing practices, employee-oriented training programs, transparent and well-designed performance policies and compensation that links pay to performance.

### **2.4.1 Recruitment and Selection**

To sustain the high level of competitive advantage a firm requires talented and skilled workers (Liao & Chu, 2006). Recruitment refers to the process of attracting, screening and selecting qualified people for a job at an organization. Selection is the process of choosing a candidate from a group of applicants who best meets the selection criteria for a particular position. Thus, the main objective of the recruitment process is to facilitate the selection process. Organizational productivity and high performance are mostly related on the selection of the right person, which is also assist in reduced turnover (Huselid, 1995). Many other authors for instance, Michie & Sheehan-Quinn (2001) have identified a positive link between hiring a manager and employees, and the creation of the right culture for organizational growth.

Health care organizations eventually need new employees. HR managers and unit administrators/supervisors need to check what the current personal needs of units in their organization are, what growth is planned, and which vacancies have occurred or may be likely to occur whether through attrition, removal or retirement. Ideally design would be based on careful job analysis of the actual tasks of a given position, which can then be used to select applicants for relevant knowledge, skills and attitudes (Sriratanaban & Wanavanichkul, 2005).

### **2.4.2 Benefits and compensation**

Huselid (1995) asserts that the compensation system is recognised as employee merit and it is widely linked with firm outcomes. Compensation refers to all monetary payments and all commodities used instead of monetary to reward employees. The expectancy theory presented by Vroom (1964) suggests that rewards, that can be understood as a form of direct and indirect compensation packages, have potential to influence employee work motivation.

Employee benefits, on the other hand, are available to all employees based on their membership in the organization. Benefits are a form of compensation paid by employers to employees over and above the amount of pay specified as a base salary or hourly rate of pay. Benefits are a portion of a total compensation package for employees (Heathfield, 2011). The employees of an organization are vital to its continuing growth and success; in many cases, an organization will be defined by its employees. As such, it is common sense that business managers would wish to hold onto valued staff, not least as this will cut the cost of recruitment. Furthermore, once employees have been recruited, it is important to foster a sense of loyalty and enthusiasm for their job. "Retaining experienced workers become key factor in employee benefit strategy" (Brenner, 2010, pp. 24).

Employee benefits are sometimes known by a variety of other names. Most commonly they are referred to as fringe benefits or benefits in kind, but these terms all have a broadly similar meaning. In essence, employee benefits are a means by which employers can remunerate employees for their work. However, this is in addition to any money that the employee is receiving; employee benefits are generally given on top of regular pay. Benefits include a wide variety of provisions variously termed 'fringe benefits', a compensation in addition to

direct wages or salaries, such as company car, house allowance, medical insurance, paid holidays, pension schemes, subsidized meals (source: businessdictionary.com) those which can be regarded as 'extra' to wage and salary. Lowen & Sicilian (2008) defined fringe benefits include things like sick leaves, annual leaves, medical benefits, parental leaves (maternity & paternity), holidays, paid time off- PTO (to care for sick child, family responsibilities especially women employees), overtime, retirement benefits, unemployment benefits, survivor benefits, life insurance and so on. PTO (paid time off) allows employees to take days off—for example, to care for a sick child, observe a religious holiday, or to care for family responsibilities—without having to explain why. The PTO benefit helps employee particular value to parents because their time is more flexible, and it helps employers by maintaining morale and reducing unanticipated absenteeism. They categorized those benefits as “family-family” and “family-neutral” fringes. In their study they documented from other researchers on other benefits as well for instance, life insurance and retirement options are another type of benefit many companies and organization offer their employees.

Lowen & Sicilian (2008) described that these types of benefits often encourage employees to remain with the same company because they do not want to cash in their life insurance or retirement plans. This tends to make employees more loyal to the company because their future is invested with the company. It also gives the employee a feeling of power by having some control over planning for retirement. Other benefits provided by some employers include credit unions to help employees with financial needs, gym facilities to allow employees to fit exercise into their busy schedules, cafeterias that sell reduced price meals to working employees, and on-site laundry services where employees can have laundry done while they are at work, publication to gain knowledge in their interested area, etc. (Forbes, 2011). Making the work environment seem more like a family helps boost employee morale and improve working relationships. Many organizations provide uniforms for their employees, so that workers do not have to worry about ruining their own clothing. The uniforms also help with the feeling of unity because everyone in the organization is dressed similarly. Sometimes transportation can often be a problem for employees thus, some organization provide transportation options as a benefit to employees.

### **2.4.3 Training and Development**

Training and development is very important element of HRM (Vlachos, 2008). Employee training program provides expectation and performance skills which employee needed to perform the job functions. For the new joining employees, the training is to understand the work responsibilities, policies and procedures of the organization. The basic and common information about respective department/unit and the whole organization, HR department usually provide those in orientation program and sometimes provide by on-the-job training or side by side training. On the job training provide the new hire opportunity to develop relationships with existing employees (Asplund, 2005). Tai (2006) asserts that training and development plays a crucial role for increasing work adaptability, ability, flexibility, maintaining necessary competence, and motivates employees. Aguinis &

Kraiger (2009, pp. 452) described training as “the systematic approach to affecting individual’s knowledge, skills, and attitudes in order to improve individual, team and organizational effectiveness”. “Development is a systematic effort affecting individual’s knowledge or skills for purpose of personal growth or future jobs and/or roles”. The health care professionals and employees working in health care organization require continuing education and skills development to cope with the challenges in the health care industry (Chase et al., cited in Crow, Hartman & Henson, 2005). The authors also stated that in their paper the health care industry is facing challenges in its internal and external environments most threatening than other industries. Both, technology and regulatory changes immediate impact on health care organization which requires radical changes. Aguinis & Kraiger (2009) also explained in their paper the training program oriented toward human capital development were directly related to employees, customers, and shareholders’ satisfaction as well as an objective measure of work performance. The aspect of training and development can be seen as a form where trainees can obtain new skills, improve existing skills, acquire new knowledge, update existing knowledge, improve understanding of given situation and adapt required attitude as well will provide direct benefits to organization as it could calculate as return on investment.

Different employees need different training and development, depending on their position, experience and job requirements. Rabey (1999, pp.277) pointed out that “a person can be highly qualified and talented for a particular job, from technical side, but may not necessarily have the required people skills to perform the job properly”. Although health care market is becoming increasingly specialized however, this does not reduce the importance of the required mixed of technical and interpersonal skills in order to be successful. Such benefits help companies gain and maintain competitive advantage through training and development. In summary, the benefits of training for employees’ career development and organization as a whole and the benefits would include improved organizational performance, reduced costs, improved quality and quantity in providing service (Aguinis & Kraiger, 2009). Even though only training and education program alone might not be able to realize its benefits if it is not relate with other human resource management functions.

#### **2.4.4 Performance appraisal**

Performance appraisal is a “general heading for a variety of activities through which organizations seek to assess employees and develop their competence, enhance performance and distributes rewards” (Fletcher, 2001, pp.474).

Performance appraisal system is essential for the effective management and generally reviews the individual’s performance against their job tasks and responsibilities. A good performance appraisal system is important for staff motivation, attitude and behaviour development. A well-designed performance management system should be the cornerstone of the firm’s employee development efforts. And performance appraisal provides an outline for employee within an organization to improve their performance with regard to not only organizational objectives and operational processes, but personal goal as well (Mess, 2004).

Performance appraisal may be conducted once in every six months or once in a year. The basic idea of the appraisal is to evaluate the performance of the employee, providing employees a feedback and to identify areas to improve to provide training. It could be also a tool for incentives and bonus to motivate employees if performance appraisals conduct in effective way (Kuvaas, 2011). Performance appraisal is part of guiding a career development for the individual as it is an analysis of personal strength and weakness. An effective performance appraisal will also help managers in accessing employees' effectiveness in hiring, facilitate communication between employer and employees, job design, promotion, disciplinary actions to take if necessary and compensation (Rao, 2004).

An effective compensation and recognition system introducing in HRM practices either in financial or non-financial means and is an effective way of generating commitment from employee, as they are fairly rewarded for the performance that is applied (Kuvaas, 2011). He also stated that the effectiveness of highly skilled employees will be limited if they are not motivated to perform. However HRM practices can motivate employee behaviour include the use of performance appraisal that access individual and group performance, linking these appraisal tightly with incentives systems, the use of internal promotion system that focus on employee's merits and other forms of incentives for instance, profit and gain sharing plans (Kline & Slusky, 2009). Hence, HRM best practices are used to develop and improve organizational employees, who, in turn, are able to enhance the performance of the organization. If properly implemented, practices are able to provide a significant advantage within the organization that allows them to compete within an extremely competitive environment. Thus, performance appraisal provides information in dealt with employees' training needs, salary increase, promotion, career development as well employee feedback (Huber, 1983).

## **2.5 Overview of Thailand Human Resource Practices**

### **2.5.1 Country profile**

The Kingdom of Thailand is situated in the continental South East Asia, just north of the equator and it is part of the Indochina peninsular. Thailand covers an area of about 514,000 kilometres. It is the third largest countries among South East Asia after Indonesia and Myanmar. With the population of about 69 million (World Bank, 2012), is a middle income country that has seen remarkable progress in human resource development in the last 20 years. Thailand now has a human resource development rating of 0.768 (UN Thailand, 2011).

### **2.5.2 Background: the changing Thai administrative context**

Thailand, meaning "land of the free" is filling with pride to all Thais as the country has never under colonized and was ruled by absolute monarchy system. Starting in June 1932, a revolution was prompted and the first constitution proclaimed by the King and was changed absolute to constitutional monarchy. Under the terms of constitution, the structure of government represented the classic parliamentary type and all powers of

independent action were removed from the responsibility of the monarchy. Since then, the King is considered to be above politics and in most cases, Prime Minister is accountable for the various functions he/she takes charge of (Bunbongkarn, 1987). Up to this present, Thailand administrative structure of the government has three basic levels: central, provincial and local.

Thailand is a democratic country, having the King as a head of the state, a constitutional monarchy under the Constitution of the Kingdom of Thailand. Under the reorganization of Ministries and Departments act 2003, consists of 20 ministries with 76 provinces plus two separate authorities covering Bangkok and Pattaya. The provinces are divided into 796 districts each of which has an average of about 80 sub-districts. In Thailand there are four types of administrative bodies, namely, Provincial Administration Organization that administer (76) provinces, two special local administrations which includes Bangkok metropolitan administration (BMA) and Pattaya city, and Tambon administration (a group of about ten villages).

### **2.5.3 Thailand's politics and economy**

The effectiveness of the Thai bureaucracy had been highly depends on the leader of the management forces. Administrative goals and policy were mostly initiated by the top management. Since in late 1940s, the Thai government approached the US to considered Thailand for an assistance program (Caldwin, 1974). The close relationship with the US brought about several changes in nearly almost dimension of the national life of the country. When the government launched national development policies to become more industrialized and export-oriented country, Thailand became more dependent on American presence for its livelihood in 1960s due to Vietnam War. Since then, western culture has greatly influenced social and work relationships in Thai society (Wyatt, 1984).

### **2.5.4 Thai values with cultural environment and religion**

The foundation of Thai society based on three pillars: the Nation, Religion and the Monarchy. Religion, Buddhism is the most crucial symbol of, and primary base for, a feeling of national and cultural identification. Thus, majority of the Thai's beliefs and behaviours in their personal life and work-life are naturally influenced by Buddhism (Suksamran, 1981). The King, Thais regarded as a Buddha-to-be and was considered a superior political concept developed from the teaching of Buddha. That is to say, religion determines the pattern of social relations among Thais with the wording of *Katanyu Katawethi*. "Katanyu means to feel gratitude for any merciful favour provided by others and Katawethi refers that one should reciprocate the favour" (Mizuno, 1976, pp.6-7). These concepts reflect on relationship between parents and children, superiors and subordinates as well with bureaucrats and people in Thai society. Another Thai traditional value that has major influence on management practice is face saving, acts of kindness (*nam jai*) or voluntary help to someone known or to stranger, performed without expectation of return and conflict avoiding value (*kreng jai*).

Historians and social anthropologists stated Thailand previous named *Siam* was established around 1238 (Buddhist Era or BE equivalent of 694 BC) and was governed under paternalistic Kings. The administrative system was established around 1350 under the new capital with new dynasty and starting from that period, foreign missionaries and traders from France, Holland, Greece, China, Persia and Portugal, who sailed to visit the capital and other countries in Asia region (Samudavanija, 1987). When the capital city was invaded by Myanmar in 1767, the new dynasty established the new capital which formed Bangkok. Based on the outbreak of war between Myanmar and England in 1824, The King Rama IV realized to develop relationships with the European states in order to prevent the conquest of his territories by European empire was to modernize the nation (Roongrerngsuke, 2010). Since then, the dynasty launched a modern civil service, establishment of western style school of administration and construction of basic infrastructure for the country. Many changes towards modernization to be exact “westernization” (Roongrerngsuke, 2010, pp. 7) following reorganization of basic government, 11 ministries were restructured under the management of the King and continued the administrative function until the system separated from absolute monarchy in 1932. Since June, 1932 as stated in Thailand background, all independent powers were removed from the responsibility of the monarchy and changed from absolute to constitutional monarchy. The structure of government represented the parliamentary type with a single legislative house under the terms of constitution. Since then, the administrative goals and bureaucratic system were mostly initiated and rationalised from the top management. Based on historical background of country, Thailand is the only one country in South East Asian which has never been under European colonial rule. And of being a transaction country of Western exposure on education, management practices in modern organization caused a consequence on assumptions and practices in managing human resources in Thailand (Lawler, Siengthai & Atmiyanandana, 2006).

## **2.6 Human Resource practice in Thailand Public sector**

### **2.6.1 Recruitment and Selection**

Previously Thailand public sector and public enterprise recruitment process to the upper ranks government official had to meet the four requirements;

- 1) Candidates should be from families of high social status
- 2) Candidates had to be at least 31 years old
- 3) Candidates should had comprehensive knowledge in military and social affairs, the two core administrative areas and
- 4) Candidates should be a scholar who carried out within an acceptable framework which is more relate to religious, Buddhist (Thongthammachart & Pongpaew, 1996).

The Office of Civil Service Commission (OCSC), established under the democratic regime in around post-1973, serves as the central agency in charge of advising public sectors in managing human resource and

protecting merit system practices of civil service (OCSC, 2011). Under the Civil Service Act 2008 in the area of recruitment and selection, the Civil Service Commission, based on information acquired from all government departments, conducts job analysis to prepare job descriptions and organize interview. Selection has been made through competitive examination consisting of three stages comprises of: general knowledge, specific knowledge and position suitability which include interview (face to face oral examination), written examination, psychological test and aptitude test. To minimize favouritism, government departments are prohibited from recruiting and selecting their own personnel but public enterprise are allow to apply different recruitment and selection criteria and procedures if required for the benefit of civil service (OCSC, 2009).

The main difference between old recruitment system and new one is the decentralization to different government departments. At present, the newly recruitment system in government agencies is a competencies-based using diverse recruitment methods in assessment tools, monitoring system and information technology (OCSC, 2009). Due to economic situation, most government agencies developed more rigorous policies in recruiting new employees. The selection in public enterprise are not much different from process of government agencies and generally are based on knowledge, specific qualifications, competence and experience (Siengthai & Bechter, 2005).

### **2.6.2 Benefits and compensation**

After civil service act took effect in January 2008, the position classification with new salary system was introduced to government agencies. "In the new system, civil servant positions are classified into four types: executive, administrative, technical, and general. Executive and administrative positions have two levels: primary and higher levels. As for technical positions, there are five levels, namely operational, expert, special expert, specialist, and qualified levels. General positions are divided into four levels, namely operational, experienced, senior, and special skill levels" (Foreign Office, The government public relations department, 2008). Regards to benefits, fringe benefits are divided into monetary and non-monetary benefits. Major monetary benefits ranges from child educational allowances, pension benefits, health (at government hospitals) and social welfare benefits for individual and employee's immediate family member such as spouse, children and parents, annual cost-of-living allowance, and, for higher level, housing, position cars and driver. Employees are entitled for sick leaves, vacation leaves, business leave, maternity leaves and ordination leaves (especially for male employees to practice a religious function). Non-monetary benefits include royal decorations and paid leave (OCSC, 2009).

Perhaps, enter to government service is for job security, the status and image that are still recognized to those in government employment. However, mostly in urban areas, though government job has security, higher educated people see government service is unpopular public image with skimpy salary, slow progress, and political in-fighting have persuade young graduates to search their future in private sector, which seems higher status and better material assistances (Roongrerngsuke, 2010).



### **2.6.3 Training and development**

Since in many centuries, majority of Thais social and culture life centred on Buddhist temples and Buddhist monks have been played in teacher's role in monastery education system. But in the area of human resources, the temple's curriculum did not provide the specialized requirements of modern government administration (Thongthammachart & Pongpaew, 1996). After the bureaucratic reform in 2002, Office of Civil Service Commission (OCSC) became the arm of the training institutes to civil servants. According to information from the websites of OCSC, High Performance and Potential System (HiPPS) developed in 2003 to provide opportunity for high potential civil servant to enter a means of talent management program. For who pass the HiPPS screening process will be trained in country and overseas based on three objectives: to attract and retain high-performing employees to work in the government organization; to build a talent inventory for them to become senior executive service or senior professional service personnel; to develop high potential civil servants in continuous and systematic way (OCSC, 2011).

### **2.6.4 Performance Appraisal**

Before the civil act was established in 2008, performance does not really impact on career advancement if a person of high social with strategic connection could expect to move up despite of their performance in the bureaucratic hierarchy system. When the Civil Service Act was implemented, the legislation regarding the development of performance management system for Thai civil service stated in Civil Service Act (2008) at section 76 that:

"A supervising official shall be under a duty to evaluate the performance of official functions of those under his/her charge as part of the considerations for appointment and salary increase, in accordance with the rules and procedures prescribed by the CSC. Evaluation results under paragraph one shall also be applied for the purpose of developing and enhancing efficiencies in the performance of official functions "(OCSC, 2008).

So, in accordance with the new Civil Service Act (2008), the performance evaluation of civil service objected more results-based than traditional practice, which cause unfair evaluation and which have been practicing a centuries in public organization. Face saving and "*kreng-jai*" factors for instance, employees who have good relationships with supervisors received better evaluation results than what they really ought to have, as the supervisors do not want to hurt their feelings and at the same time, supervisors will avoid giving negative feedback to their subordinates. By doing so, the supervisors could save their face and save the relationships (Shrestha & Chalidabhongse, 2006).

## **2.7 Human Resource practice in Thailand Private sector**

### **2.7.1 Recruitment and Selection**

In the research paper of Phongpaichit & Baker (1995) and Laothamatas (1992) stated that Thai economy and business has been dominated by the ethnic Chinese not the local Thai people. As an intercontinental city, it encouraged settlement of traders from Persia, China, Japan, France, Holland and England but majority are from China. Thus, the management approaches reflected the migrant Chinese people culture in business. Management strategy and the decision making process are more top-down, as traditional Chinese business culture is family business and the head of the family (father) is the key person in operation (Lau, 1982).

In the area of recruiting, familism approach is highly dominant base on trustworthiness and loyalty. Lau (1982, pp.37- 39) labelled this dominant as “utilitarianistic familism” which refers to “a response to an environment offering little long-term stability and support”. The key elements of Utilitarianstic Familism are; “family interest are placed above those of society and other groups within it and material interests, this being manifest, for instance, in economic interdependence and the way in which peripheral members may be induced into, or barred from, the familial group” (Redding & Wong, 1991, pp.277). Key positions were for family members or to loyal workers under that traditional framework. Although familism is no longer governing, but influencing in hiring decision of some local business. Convinced this statement, Lawler and his colleagues found out that HRM practices in Thailand were ad hoc and limited since recruitment and selection still relied heavily on social networks, personal contacts and *mee sen* (literally, to have string to pull) (Lawler et.al., 1985). After economic decline in late 1990, many private firms adopted modern tools from western HR consulting firms to insure the candidates’ competency skills in recruitment and selection process (Siengthai & Bechter, 2005).

### **2.7.2 Benefits and compensation**

Many private sectors in Thailand apply Hay system, CRG system or Hewitt system in their compensation and rewards which are based on grade and steps for the basic pay. In Thai private organizations, greater flexibility is exercised with specific compensation system. Normally the system is used as a framework upon on which compensation and rewards decision are made. Salary scale provides top-of –the-market basic salary and varies of benefits provided to private sector employees, and range and type of benefits depends on position held. According to Tivarati news (2008), more and more private organizations, especially based in Bangkok, are offering reasonable but competitive basic salary, plus attractive benefits which is more cost effective for both parties: employee and organization. Similar to public organization’s benefits scheme, many private organization provides monetary and non- monetary fridge benefits to their employees such as health and welfare benefits for staff and their immediate family, life or/and accident insurance, provident fund, educational

assistance and scholarship for employee and/or their children, housing allowance, expense accounts, travel allowances, position cars, and auto maintenance allowances.

Bonuses are based on performance and in the Tivarati news stated that bonus types are based on company's performance and department's performance. Other benefits cover vacation and sick leaves, maternity and ordination leaves and personal leaves as well as special assistance for immediate family members and close relatives' funeral by providing an emergencies and employee loans. Stock option is offer only to middle and upper management levels.

### **2.7.3 Training and development**

A Thai private sector emphasis on apprenticeships, on the job training was widely practice since the late nineteenth century till early 1970s. Inherited business knowledge and skills from father to the eldest son became an ingrained tradition during that era. This specific system was especially dominant in Chinese family business (Lau, 1982) however, when Thai economy entered in the 1980s, market competition fierce with foreign investors and they came along with greater variety of products and services, and with high quality at reasonable prices. So, local business owner got to set a quality management as first priority in all areas including human resources. To compete the fierce, most business organizations set the trend to all industries to set the globalization in their management style, competencies of their human resources and the organizational structure. At the same time, organizations increased their investment into training. Sent their personnel abroad, hired professional trainers from United States and from top ten universities from United States to train their people in the field of creating organization culture, strategic management, team building, transformational leadership and decision making. More in-house training has been conducted and on line training has been introduced to promote self learning in many organizations as well to tackle with political, economic and social change environment to adjust themselves to the new organizational culture. Management also recognize the importance of effective orientation to the new entrance to speed up the learning and performing in their post. Diverse strategies have been used during the orientation process for instance, buddy system, coaching, mentoring, outing activity, facilitated by direct supervisor, workshops, seminar, etc. (Roongrerngsuke, 2010).

### **2.7.4 Performance Appraisal**

Nepotism and biased evaluation practice are resulted in the form of patron client cliques in the private sector which basically are not of being highly bureaucratic structure like in public sector, but due to the complicated social status issues (Roongrerngsuke, 2010). Most of the local organizations apply management by objectives theme in directing and improving performance as well for performance appraisal. Performance appraisal in private organization usually conducts twice a year and, some organization, every quarter. Most of the private organization in Thailand are using 360 degree and balanced score card approach for their

performance evaluation but according to Thai (like wise South East Asian countries) culture norms, it is still difficulty in evaluating among subordinates and supervisors in a comfortable way of reverse appraisals (Roongrerngsuke, 2010).

## **2.8 Challenges discussion**

Culture influences organizations through societal structures such as laws and political and through the preferences of staff within organization, the values, attitudes, behaviours and goals (Hofstede, 1991). As well stated by Suriyawongpaisal (2000) the human resource for health is most important and most expensive so, human resource have been regarded as the most crucial component for successful arrangement in health care sector.

This leads the question of “can we examine the impacts of Thailand’s historical background, socio-political structure, basic religion of Buddhism and culture values influence on HR practices in Thai public hospitals and private hospitals?” “How its HR practices impact on employees’ performance appraisal and career development?”

The next chapter concerns the methodology, will explain the approaches in order to full fill the objectives of the research. In the next chapter, the findings will explain how to meet the objectives and the issues raised through the literature reviewed.



## **CHAPTER III – RESEARCH METHODOLOGY**

Chapter three outlines the methodology used for the study. Research design is described in section 3.1 followed with details characteristics of the approaches and methods. Section 3.2 details data collection procedures then the final section will details data analysis procedures and conceptual approach used in analyzing data. Ethical consideration section reviewed the ethic honoured in collecting data for the study.

### **3.1 Research design**

This study is a case study with predominately qualitative approach. According to Babbie (2004) and Myers (2009), case study is a detailed study of a single social unit and empirical study is from one or more organization to study the subject matter in the context (Myers, 2009). Yin (1994, pp.323) also stated that a case study “aims to understand how behaviour and/or process are influenced by, and influence context”. In this case study, many data and information are used, mostly the information are from interviews and documents analysis (Myers, 2009). This method is also use in this study. The guidelines that have been used during interviews and conversation with staff from sampled public hospitals and private hospitals are in Appendix 4.

This research wish to understand the human resource practices in private hospitals and public hospitals in Thailand to explain the similarities and differences. The findings are based on analysing them from a social culture and Thai values perspective.

In order to find the similarities and differences between private hospitals and public hospitals operating in the same country, the author aims to study ‘what’ current HR practices and organizational culture exist, and ‘how’ its practices reflect on performance and career development of the staff.

#### **3.1.1 Case study in qualitative research approach**

In addition to case study, Patton (2001) states that in qualitative research, there are four major types:

1. Phenomenology
2. Ethnology
3. Case study
4. Grounded theory

For this paper, the author select for case study methods as states by Johnson & Christensen (2007); a case study is mentioned detailed about one case or several cases as the roots of case study is interdisciplinary, many different concepts and theories could be applicable when analysing the cases. And a case study method is appropriate for social science and medical field due to flexibility nature of the methods and different types of data collection could be used, for instance, interviews (structured, unstructured and semi-structured),

observations, documents, questionnaires. To support the purpose, data collection methods, origin, data analysis and for report focus, Johnson & Christensen (2007) described their characteristics as per following table.

Table 3. 1 – Characteristic of four qualitative research approaches.

<b>Qualitative research approach</b>				
Dimension	Phenomenology	Ethnology	Case study	Grounded theory
Research purpose	To describe one or more individual's phenomenon experience (e.g, the experience of the death of the loved one)	To describe the cultural characteristics of the group of people and to describe cultural senses.	To describe one or more cases in-depth and address the research questions and issues.	To inductively generate a grounded theory describing and explaining a theory.
Disciplinary origin	Philosophy	Anthropology	Multidisciplinary roots, business laws, social science, medicine and education.	Sociology
Primary data collection methods	In-depth interviews with up to 10-15 people	Participant observations over an extended period of time a month or a year (e.g, one month to a year). Interviews with informants.	Multiple methods are used (interviews, observations and documents).	Interviews with 20-30 people. Observations are also frequently used.
Data analysis approach	List significant statement, determine meaning of statement and identify the essence of the phenomenon	Holistic description and search for cultural themes in data.	Holistic description and search for themes shedding lights on case. May also include cross-case analysis.	Begin with open coding then axial coding, and end with selective coding.
Narrative report focus	Rich description of the essential or invariant structures (i.e, the common characteristic or essence) of the experience	Rich description of context and culture themes.	Rich description of the context and operation of the case or cases. Discussion of themes, issues and implications.	Description of topics and people being studies. End with a presentation of a grounded theory. May also list proposition.

Source: Johnson & Christensen (2007, 363)

Brittin (1991) mentioned about conducting qualitative research in sociology and in medical field, based on three main types; structured, semi-structured and in-depth interview.

Structured interview: with a structured questionnaire.

Semi-structured: open ended questions.

In depth: one or two covers in great details. Questions are based on what the interviewee says.

Again, Patton (1987) explained on conducting qualitative research interview structured in open-ended questions that would lead the area to discover. He listed six types of questions that can be asked based on;

- Behaviour or experience
- Opinion of beliefs
- Feelings
- Knowledge
- Sensory
- Background or demographic

In this paper, the author chooses to discover employee feelings, opinion and beliefs on their current HR practices with their hospital background. With semi-structured interview, the approach is also based on conversation methods as would like to know their personal feelings and opinion. Conversations is to collect data of a subjective kind, to get a true picture of, and then try to explain, subjective reality based on questions like “What is your opinion about?” or “How do you feel your work environment is?” (Bjerke, 2007).

### 3.1.2 Basic Characteristics of conversation and interview

Bjerke (2007) analyzed the general basic characteristics of interview and conversation as follows:

Table 3. 2 – Basic characteristics of conversations and interviews.

	<b>Conversations</b>	<b>Interviews</b>
Main purpose	To collect data (but nevertheless subjective factual) – to get a more complete reflection of the subjective reality	To collect factual data of an objective kind – to get a mirror reflection of the objective reality
Idea	To get at other people’s personal feelings, opinions, beliefs, etc.	To set up a channel to transfer objective information from respondent to interviewer
Basic assumption	There is an experienced factual world which is accessible	There is an objective factual reality to be mapped out
The researcher’s task	To get those who participate in the conversation to open themselves and to convey their factual thoughts	Not to influence the interview in any distorting direction
A possible metaphor	To find out	To draw a map

Source: Bjerke (2007, pp. 4-5).

In addition, library research was done through a literature review on various books and articles regarding theories and applications on national culture and human resource practices especially in health care sector. As this paper based on descriptive and analytical approach, many information will rely on published and unpublished documents available from Office of Civil Service commission (OCSC), Ministry of Public Health



(MoPH), National Economic and Social Development Board (NESDB) as well from Foreign Office, The Government Public relations department of Thailand.

An interview with head nurses, doctors and pharmacists in private hospitals and public hospitals is conducted in both semi-structured interviews and conversations approach to gain their perceptions on current HR practices in their organization and interview with HR personnel/ administrator is to gain different perspective on their HR practices to compare the similarities and differences.

The questions in semi-structured covers HR practices which covers HR planning as staffing and recruitment, training and development and, of course, management style especially for decision making on staff's promotion and career development. The response from the questions were gathered, the theory and description of the culture influence used for the comparison in order to get a reliable facts much possible to fulfil the objective of the study. The reason of the choice on culture aspect finds very interesting as well.

### **3.2 Data collection method**

Many different types of data collection methods while conducting a research or thesis which might includes personal interviews, questionnaires, telephonic interview, on-line surveys and combine all (Cooper & Schindler, 2001). The researchers and many authors mention that each and every data collection methods have their own strength and weakness, therefore, the paper data collection rationalises the theoretical data collection and empirical data collection as the method for this paper.

#### **3.2.1 Theoretical data collection**

The theory applies in this paper mainly are from literature. Many books and articles were studied from previous courses within the program. And also the author studied many articles and journals through the University of Minho online library as well from other university's websites during data collection period in Asia. Moreover, online search is very much helpful and the key words frequently used are "human resource practice in health", "national culture and Confucius ideology", "best HR practices in Asia", "national culture and HR" in different combination provides more information.

In theoretical, the concepts of national culture and value system are described in general from many books and articles with intention of describing about the meanings. From research findings, many books and articles and some blog from the internet pages have been used describing theories and concepts in general. Regarding on Thai values are based on empirical data of Komin Suntaree (1991) which will give better understanding of Thai culture and values, somehow, reflects in business relationship context. Komin stated 9 values but the author will use only two values in order to analyse the findings.

Thailand historical background, religion and cultural values presented are mainly from 'Best HR practices in Thailand' by Siriyupa Roongrerngsuke (2010). Human resource management in public enterprise and in private organization in Thailand will be presented to have a big picture of the selected country. Five

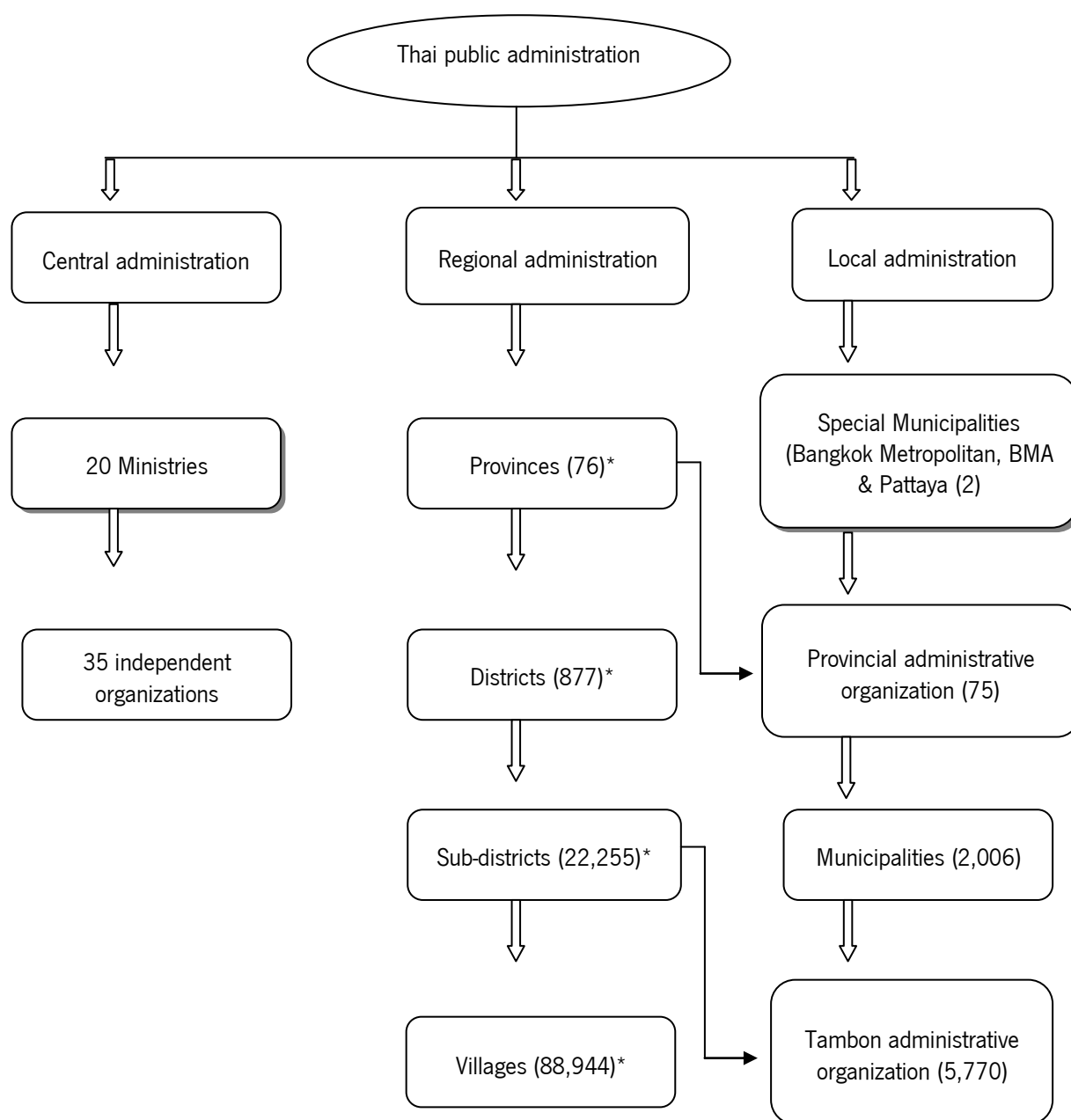
dimensions of culture differences by Geert Hofstede (1991), a culture difference in business which general characteristics (stereotyped) of Thai people. Comparison between Thai and Chinese will be mentioned as many business in Thailand is managing and operating by Sino-Thai group as mentioned in Chapter 2. Hofstede conducted in 76 countries to find out how values in the workplace are influenced by culture. Though some authors and researchers criticise on Hofstede work and some tried to replicate his work, this is one of the most covers in this area. In 1988, Geert Hofstede together with Michael Harris Bond highlighted the Confucianism, a key element that shaped Asian culture due to massive Chinese emigration to far eastern countries, including Thailand. The survey was conducted in five continents with represented 22 countries named, “Chinese value survey” (Hofstede & Bond, 1988,pp. 15). Organizational culture in health care organization and HR function in health care organization are presented in general. Those topics are based on several books and articles from the internet, with the purpose of presenting general thoughts and definitions by different authors and researchers. As stated by Kabene et. al (2006,pp. 2) “the relationship between human resources and health care is very complex, and it merits further examination and study” therefore, this paper will not discuss on this issue as the objective is finding similarities and contrasts of HR practices in private and public hospitals.

### **3.2.2 Empirical data collection**

The types of public hospitals in Thailand are classified into under the Ministry of Public Health (MoPH), under the Ministry of University and under other ministries such as Ministry of Interior and Ministry of Defence, and some hospitals at Bangkok metropolitan area are under Bangkok Governor office (MoPH, Bureau of Policy & Strategy, 2011). Public hospitals are categorised into general hospitals, regional hospitals, a few center/hospitals in provincial level, and community hospitals. The others are operating by other agencies and private organizations. The characteristics of the sample are summarised in Table 3.3. Before describing on how empirical data collection have done, the types of public hospitals and private hospitals will illustrate to give clear understanding.

As of 2010, totally 1,002 public hospitals and 316 private hospitals are registered with the Ministry of Public Health’s Medical registration division (MoPH, 2010). Among 316 private hospitals, 13 hospitals are listed in the stock exchange of Thailand. For public hospitals, category of hospitals are according to number of beds, for instance, approximately around 120 -500 beds named, general hospital, regional hospitals have minimum 501 – 1,000 beds, teaching/training hospitals have 500 to 1,000 up and community hospital has 10 to 150 beds approximately. In terms of human resource policies and practices, hospitals are to follow the OCSC’s guidelines to all civil servants under the different administration; central, regional (provincial) and local as previously mentioned in chapter 2. The Thai public administrative structure (MOI, 2011) is in Figure 3.1 to provide clear picture of the administrative system of each sampled public hospitals in this study. The National Administrative system of Thailand is in Appendix 1 and the organism of Ministry of Public Health (MoPH), Thailand is attached as Appendix 2.

Figure 3. 1 – Structure of Thai public administration



Source: Department of Local Administration (DOLA), Ministry of Interior (MOI), 2011.

\*excluding Bangkok Metropolitan, Department of local administration (2009).

Table 3. 3 – Description of the organizations studied

Types of organization	Public hospital			Private hospital	
Types of affiliation	Under Ministry of Public Health (MoPH) (Under Regional administration)	Under Governor of Bangkok (Under local administration)	Under Ministry of Education (Under Central administration)	Thai owned corporation	Western subsidiaries
Types of hospital	General	Bangkok Metropolitan administration hospital (BMA)	University (teaching) hospital	General and specialized private hospital	International hospital
No. of employees	874	1,795	103 (HR division) 14,000 (faculty)	1,367	3,400
Respondents & years of working with organization	1-Head nurse (14), 2- professional nurse (4-6) 1-Radiographer(9), 1- administrator (10), 1-pharmacist (2)	1-Deputy director (administration) (15), 1- professional nurse (12), 2- midwife (9 & 11), 2- doctors (7) 2- admin staff (6 & 8)	1-Faculty (18) surgery dept. 1-general doctor(6) 1- HR staff (9) (from office of the Dean) 2-HR staff (7 & 12) (from HRD dept.) 1-personnel officer (11) employee relations management dept. 1-ward head (19)	1-Head nurse (16), 1- senior nurse (operation) (15), 1-assistance nurse (8), 1-Head (public relation) (12) 1-HR personnel (8) 1-freelance consultant	1-Assistant Corporate HR (8) 1-public relation officer (8)(customer service dept.) 1- physical therapist (6) 1-admin staff (5)(finance dept.) 1-assistant nurse manager (8)
Tenure (years of experience)	2 – 14 years	6 -15 years	6- 19 years	8- 16 years	6 – 8 years

To provide more reliable information, only theoretical data is not enough then we have to consider for empirical data collection. As stated above, the author chose conversation methods in interview staff from both public and private organizations. Interviews were conducted in two private hospitals and three public hospitals plus the office of civil service commission (OCSC) for policy on government employees, and some government officials from the Ministry of Public Health. Face-to-face interview or conversation considered as open and more personal involvement of interviewee and interviewer during the interview process. In addition, interviews are essential source of case study as many of case studies are about social function and feelings which provide body language, facial expression informed respondents' insights (Yin, 1994). But unfortunately, due to flood disaster in Thailand from September to 3<sup>rd</sup> week of December 2011, face to face conversation with staff from both public hospitals and private hospitals were less than proposed plan.

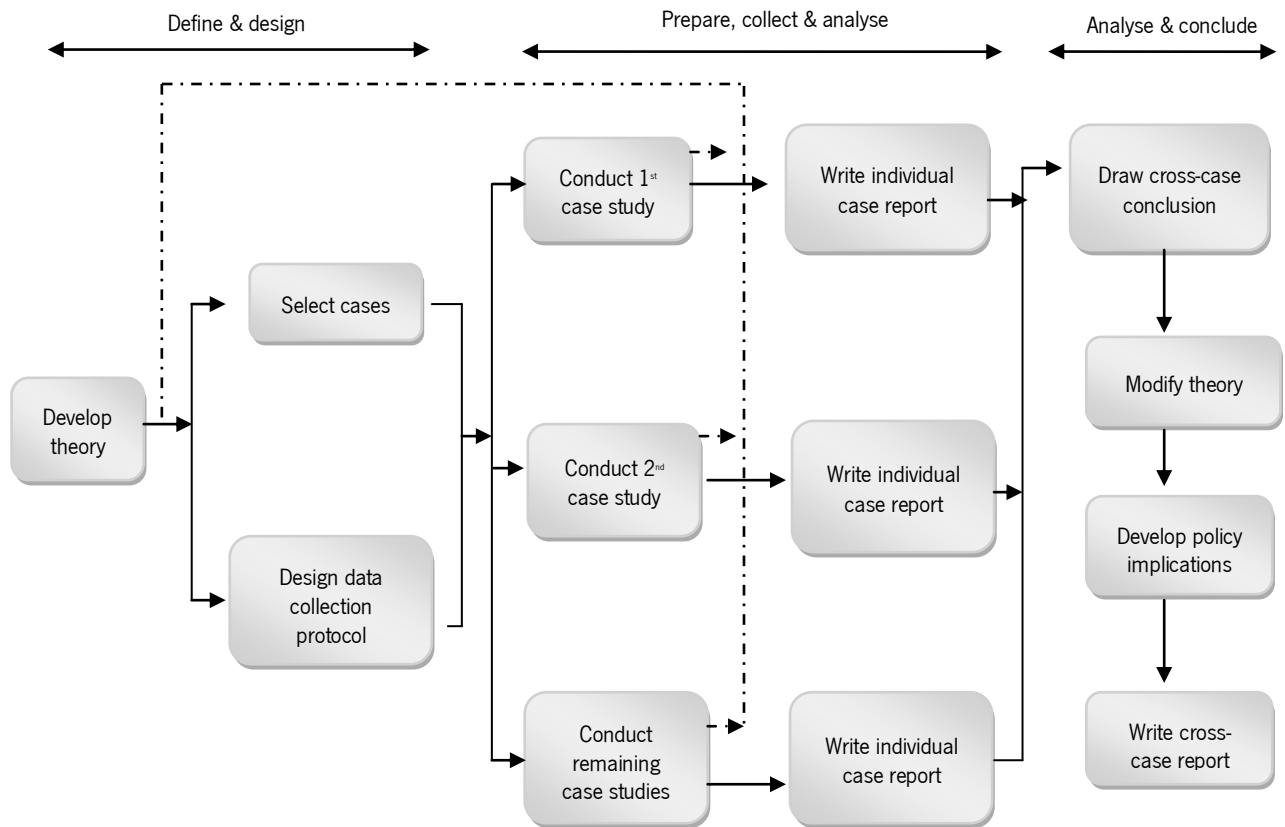
A regional hospital manage under Ministry of Public health, a teaching hospital and one hospital under Bangkok metropolitan administration and two private hospitals which one of them is registered in Thailand stock exchange were studied. The majority of respondents hold managerial positions and have been working with the specific organization for at least five years, which implies that they can provide in-depth information about working practices.

Some interviews conducted include by email, VOIP (Skype internet call) were conducted to gain additional information on an interesting topic and follow up on unclear replies to who would able to reach. All interviews were conducted in English with clear definition of management terminology were explained for the better understanding of the respondents. One of the most difficult tasks was to talk or call HR personnel and other professional staff from overseas and give time to talk over their busy schedule. In terms of culture as well could have say, Thai people and many Asian people are more relax to answer the queries face to face rather by phone or skype. So, the more convenient way to approach senior official is simply personal network and network of people such as friends and the author's ex-colleagues from Thailand.

### 3.3 Data analysis

To analysis the findings, the author apply a case study method by Yin (1994).

Figure 3. 2 – Case study Method.



Source: Yin (1994, pp. 49)

The information which was collected from publications, some research findings in Thailand health care sector, government policy in human resource in public sector of Thailand will be rely for theoretical propositions. Analysis of individual cases to draw a synthesis of each data of each case based on Yin (1994) cross-case synthesis will draw a major rival interpretation to strengthen the findings.

### 3.4 Ethical considerations

This study was to examine the HR practices in public and private hospitals in Thailand to identify issue common to all and contrast different approaches under the same national culture. The proposal of this study was approved through academic service of the University of Minho, Braga. Prior to collect data and interview, respondents were reminded the consent agreement to participate in the study which included an agreement of confidentially as all information is based on personal opinion and feelings.

Results and findings are present in the chapter four.



## CHAPTER IV – RESEARCH FINDINGS AND DISCUSSIONS

This chapter will present the findings during semi-structured interview and conversations with hospital staff and external consultants who are working in the health care development projects in view of HR practices in Thailand. The study also contributes to contemporary HR practices and culture awareness in this sector, while incorporating knowledge from the previous research and prevailing literature.

To accomplish the outlines research objectives, it is essential to understand fundamental aspect of the existing HR practices in these selected organizations in order to identify their similarity and difference, which come up with the research question: *What are the HR practices in public and private hospitals in Thailand and how do they differ?*

To answer the questions, research issue were examined on

- National culture impacts on HR practices and policies
- HR practices and policies of public and private organizations in terms of selection, training, career development and compensation

And discussions in this chapter are aligned with the line of research issues which were analysed by the methodology described in Chapter 3. The discussion will present cases: description of each hospital, and analysis of data collected from interviewee response, which based on their opinions on HR practices at working place, and from document reviews.

### 4.1 Case description<sup>4</sup>

#### 4.1.1 Hospital A

The hospital A is a general public hospital under Thailand's Ministry of Public Health (MoPH) operating with 310 beds. It was established in 1952, started with 10 beds with government funds, then gradually expanded with donation from private and individual donors. The hospital A utilises staff in the Personnel Division and Administration to assist in operating HR functions under MoPH guidance and undertakes HR practices guided by the Office of Civil Service Commission (OCSC).

Before 2005 some government agencies under Ministry of Public Health provided scholarship to their professional personnel such as medical doctors, physicians, pharmacist and nurses. Competitive written examination including personal interview were considered to be selected for receiving scholarship and those selected scholars have to participate in assigned hospital after the completion of study. After that (2005) and recently, the scholarship is limited and only provided for physicians. The recruitment is distributed through

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<sup>4</sup> In respect of protecting confidentiality, anonyms have been used for each of the organizations.



advertisement and selection is based on the examination and interview according to the Civil Service Act 2008 guidelines.

The Civil Service Act has announced in the Royal Gazette publication in order for officials and general people to understand rules and effective law of public administration. The Civil Service Act has been amended in role and administration of government services to get aligned with public HR management trend as effective in 2008. Under the new Act, five main principles are focused on:

- (1) *The virtue*: emphasis on capability, fairness, equality, transparency, and the practice of equal opportunity in the workplace;
- (2) *The knowledge*: the acquisition of work skills necessary to handle the required task;
- (3) *The performance*: stress the reward system based on work performance in relation to organizational goal and missions;
- (4) *work life balance*: values quality of work life and balance between work life and personal life of the officials and;
- (5) *Decentralization*: providing government agencies with an increased authority in managing their people with flexibility.

Therefore, the selection and recruitment process at the public hospital A need to undertake the Civil Service Act. Its selection process is being done through the Provincial Health Committee by means of provincial recruitment committee. And the recruitment will be endorsed by the provincial Governor, not require approval from the ministry, excepted for executive and managerial positions. The author discussed with its HR personnel found that there are two categories of recruitment: contract staff and civil servant.

For contract staff, recruitment is required through the provincial committee based on benefits of the organization. While civil servant post, the process is merit-based system with required basic qualification and account for the ethical behaviour of such person for the benefits of government service, in accordance with OCSC regulations. Appointment will be completed upon performance during the probation period, if official's duties performance is not lower than prescribed in regulations of OCSC. Then, position and title will be endorsed by the Governor with the instatement order to continue serving in government service. For those who apply for civil servant at any level or positions shall not hold a political position, and could not allow setting up or joining any kind of unions. In terms of HR role in the selection and recruitment process, the HR personnel assist the divisional heads in developing specific job description, in conducting examinations (personal interview, writing examination, psychological test and aptitude test) and in working together with the screening committee.

Regards to benefits and compensation, the public hospital A provides monetary and non-monetary compensation to the employees. Asides from the base wages, the civil servant employees also entitle for managerial and professional allowance that satisfy the specific requirements prescribed for each allowance. Positions are classified into four categories: executive (head of government agencies, deputy head of government agencies at ministerial & departmental level); managerial official (head of government agencies at level lower

than department heads); knowledge worker (positions which require holders of bachelor degree); and general position. Executive and managerial position are classified in two levels, while knowledge worker is classified in five levels and four levels in the general category based on duties, responsibilities and qualities of work prescribe by the OCSC. Thus, the position allowances with different levels are listed as follows:

Table 4. 1 – Ordinary civil service position allowance schedule.

Positions	Rate (Baht/month)										
	Level										
	Higher	Primary	Advisory	Expert	Senior professional	Professional	Practitioner	Operational	Experience	Senior	Highly skilled
Executives	14,500-21,000	10,000									
Managerial	10,000	5,600									
Knowledge workers			15,600	9,900	5,600	3,500	13,000				
General											9,900

Source: OCSC (2009)

Aside from managerial allowance, professional and specialization allowances, civil servant normally receive major monetary benefits such as educational assistance for children, medical expense assistance to the immediate family members, travelling allowance, overtime premium, housing allowance and overseas post allowance. For leave benefits include sick leaves, personal leave, maternity leave, annual vacation leave (10 days per year with accumulated maximum up to 20 days), religious leave (for ordination, with half pay up to 90 days maximum), leave for continuing education (the contract for long-term study for instance: study leave for 2 years needed to give service back in 2 times of leave period); leaves for training, study tour, or research activity; on-duty leave for international organization; and leave to join spouse (paid and unpaid). Other benefits include royal decoration, workload incentives (calculating on number of hours exceed over regular working hours), disability and death benefits to their staff. After employee joins the hospital with the first degree, the specific level and position would be defined. Although that staff receives a higher degree during the service, the consideration of promotion or level increase will not be in practice.

There are formal orientation, training and development program in place at the public hospital A. Orientation is led by departmental head and/or supervisor from each department. The hospital A has its own training centre, thus external and development training is afforded to technical and professional staff. The operational staffs mostly are being trained as work related and on-the-job training. For nurses, the Nursing Council of Thailand provides specific skills, updating knowledge on treatment and patient care service. Besides,

programs on 'Nursing Quality Assurance, hospital accreditation, risk management, continuous quality improvement, facilitator for quality assurance and research skills are availed for those who are interested, and the certificate will be awarded to each staff that passes the tests' explained by head nurse. She also mentioned that all staff in the hospital participated in general knowledge development training about team work skills and communication skills, provided by the Personnel Division. But the training quantity and quality (with invited specialist or guest speakers) rely on 'budget' stated by the Administrative staff. Newly joined professionals need to follow the hospital deployment system, not by the department at the first stage that they applied for.

Some other nurses 'at first they were quite not happy with the way of deployment system, but they realised later and adjusted to it because the hospital/department lacks of manpower due to its nature of hard working and number of professionals limited to joining government hospitals'.

One administrative staff also gave her comments 'the uncontrollable rapid growth of private hospitals affected to the internal brain drain of public hospitals that result in shortage of qualified health personnel like doctors, dentists, pharmacists and nurses, and it becomes a major challenge in rural areas'.

Formal performance appraisals are conducted twice a year by management 'primarily for developmental and enhancing efficiency purpose' stated by an administrative staff. Employees are evaluated by supervisor and that evaluation results will be submitted to each head unit, and finally submitted to the Management. For instance, junior nurses are evaluated by senior nurse at each ward then reported to the department head (head nurse) and to the end at the director of nursing. The evaluation criteria classifies on quantity and quality of work, and personal behaviours (communication skills, team work, customer service and leadership skills).

The performance appraisal is 'more or less evaluated according to management by objectives (MBO) approach' explained by head nurse. Some newly-joined professional staffs expressed that they received the feedback results from their supervisors while providing specific skills training in turn is less. 'For the career development of staff, we need more effective and efficient performance appraisal system, which truly reflects on real performance and for the career advancement'.

If the percentage of evaluation result is more than 60 (based on core competencies for 30% and 70% on performance), that employee will receive an a recognition award from the Management but regarding to promotion or level increase it is depend on years of working experience and/or the seniority level at the organization.

#### **4.1.2 Hospital B**

Hospital B was established in 1969 as a poly clinic with only 10 beds. At this present, hospital B is operating with (410) beds specialized in acute care and tertiary care. It is a first private registered company limited hospital in Bangkok and management team is constituted with board of members. The upper management and majority of board members is composed of family members and trusted friends closely tied to

Sino-Thai community. Traditional Chinese approach in management is widely practice, as it is occurs in South East Asian countries but is 'very different from the emerging private-sector system of China' stated by a second executive level staff. Maximum number of staffs joined with hospital is through personal contact for both professional and technical posts. According to HR personnel, the recruitment relies 'almost exclusively on referrals from trusted individuals (family members, close family friends, influential business or government officials, or current employees) and through advertisement'. Selection process is by interview and immediate fill-up posts results are announced within 24 hours after personal interview. In terms of qualification, bachelor degree is compulsory to all professional posts with extensive work experience. For some specific posts for instance facilities and service post (customer service) 'foreign language proficiency (English, Japanese, Mandarin) is compulsory as Bangkok is one of the famous spot for medical tourist and fluency in at least one foreign language aside from English is competitive factors' applying to professional posts at hospital B.

'We are now planning to recruit Korean speaking staff in our department as well. According to statistical data in 2009 and 2010, many Korean tourists are coming to Thailand for skin and cosmetic surgery and it would be a competitive advantage if we could provide full service to our customers and this business is, I could say booming and very competitive business' added by public relation unit head. Due to the private nature, the resources needed to provide one foreign customer is equivalent to those who used to provide service to 4-5 Thais. So, the work pressure is relatively high in private hospital to compete service in health care service sector. Currently, hospital B is operating with over 200 physicians and around 1,167 full-time and part-time operations, technical and supporting staffs with two branches hospital in Bangkok metropolitan area.

In terms of benefits and compensation, hospital B provides standard leaves prescribed in labour law. Other non-monetary compensation such as dormitory facilities to professional nurse, uniforms, medical check-up or in house medical service for employee (approximately 50% discount of total expense), provident fund, annual staff party (regularly organize in Thai new year in April), religious activities, sport activities, new year gifts and training programmes. For monetary compensation, health and welfare benefits to immediate family member (health, life or accident insurance), paid leave, overtime and bonus. All employees are equally receiving year-end bonuses equivalent to one month salary (depending upon department performance and whole organization performance). Some rewards are also often distributed on special occasion, such during the Thai New Year or Chinese New Year celebration.

Duties and responsibilities are explained by department head/ wards head or supervisor as part of orientation to new staff. Hospital B itself is one of the major institutions accredited by Medical council of Thailand and hospital organize meeting for physicians and nurses as monthly basic. The conference on complicated or study cases which are supervised by team of executive physicians and specialists are organize at hospital B. General knowledge skills training are providing by administration department and technical and patient care service trainings are by Thailand Nursing Council. Medical and Nursing council play a vital role of providing continuing education for physicians and nurses as an associate institution. Technical training certificate

is awarded for each that passes the exam/test. Hospital B used to host other activities such as Journal club and mortality conference, pharmacy committee, hospital quality committee, conferences and seminar on infectious disease in collaboration with other hospitals and association in Thailand. The hospital also host national symposium for nurses.

Hospital B is trying to apply 360 degree performance appraisal but at the moment, probably less than the whole 360 degree process as feedback from clients are generally rating on overall services at the hospital. By the end of the year, all employees complete a self evaluation form prior the evaluation and evaluate to peers and subordinates. Individual responses are combined with feedback from subordinates and supervisor and endorsed by unit head and/or director. Basically the feedback forms include questions that are measured on the rating scale and also ask evaluator to provide written comments.

Till evaluating to supervisor is 'uncomfortable as feedback are focus on behaviour and competencies and we feel *kreng jai* and we respect hierarchy and authority' expressed by assistance nurse. 'No feedback were given and I do not know my strength and weakness on job skills and how others' perceive me on my behaviour and this seems a traditional culture of my (nursing) department and HR department assist only in data keeping in this process" added by the assistance nurse.

When interview to the line manager (head nurse), feedback were given by the supervisor (director) and suggest area to improved. Junior staffs and young age professionals are not very much satisfied on performance appraisal system but some middle management and experienced professionals feel "somehow acceptable" when author had conversation with them separately.

HR personnel stated problems and challenges on current HR practices are in 'selection and recruitment process and performance appraisal system'. She also added as 'selection and annual performance evaluation are decentralised to unit head or department head, preferring line management or senior to handle traditional HR function. But for promotion and salary adjustment concerns on performance require many approvals from the management with many other factors'. Rewards are given to those highly skilled individual recognized as key contributor of intellectual capital of the organization.

Career paths are potentially quite broad, especially at the higher level professions of the organization, mainly as a result of competitive pressure. As far as salary increment and promotion concerned, management is utilizing 'seniority-based' is very much in line with Asian values and 'decision on promotion and salary adjustment is very centralised' explained by a consultant.

HR function in hospital B in terms of HR practices are ad-hoc system and HR department is not involving in hospital strategic planning mainly focus on employees' welfare and administration.

#### **4.1.3 Hospital C**

Established in around 1975, hospital C is one of the public hospitals under the department of health, Bangkok Metropolitan Administration (BMA) operating with (450) hospital beds. Under the management of

hospital director and deputy directors, hospital C is having approximately 1,795 staffs (1,607 full time staffs and 198 temporary staffs), with a large amount of organization operating in a team structure. There are totally nine BMA hospitals in Bangkok administered by the Governor of Bangkok.

General administration section is managing operational HR function and recruitment is by word of mouth (positions are advertised on hospital bulletin board), advertisement in newspaper and at department of health bulletin and online job search engines. In addition to educational requirements for instance in nursing posts, secondary level, grade 9 with technical training certificate for practice nurse and bachelor degree is compulsory for registered nurse. Standard selection process through personal interview and written test is in practiced.

According to administrative staff, 'hospital's core values focuses on team effort, learning organization, friendly environment which care for green environment mainly and with service mind to the clients, and we work as a team across departments in the organization'. Hospital received numerous awards for their health promoting and environment care awards including hospital accreditation awards in consecutive year. People can ask question regards on health issue via a social network, face book as well.

Decentralized system in recruitment and selection based on requirement of the departments (as-needed basis) and personnel guidelines of the government, Bureau of medical service however, deployment system in hospital is 'too much rules to follow and quite inflexible' comments by senior professional from one department.

Hospital follows the standard remuneration guidelines described by OCSC. It has been recognized that addition to salary and fringe benefits, individuals level of recognition and reward and are therefore offered a range of benefits such as international conference attendance and exposure visits to other countries. Hospital recognizes staff's performance through awarding official outstanding staff with formal celebration.

There is formal orientation together with assigning experienced professional to trained a newly join staff for certain period at some department. Technical training, patient care and some management relate trainings are through in-house training centre, however, external training and development opportunities are afforded to technical and professional staff as opposed to general operation staff. For these operational employees, training consists of mostly on-the-job and work related training.

A formal performance evaluation with a set of appraisal forms being practiced annually at the hospital and evaluate by the supervisors. The evaluation criteria majority based on interpersonal skills - communication, team work and leadership skills.

However, when author had opportunities to talk to some of those appraisers and learned about their technical problems for instance, the appraisers were not well informed about the forms and there had been no training or rationalization concerning its use and some of the criteria used could hardly be measured.

In addition to technical problem on appraisal form, one officer verified that face saving and '*kreng-jai*' affects causing deformed evaluation. Supervisors tend to giving negative feedback to their subordinates, as they

wish to save their face as well save the relationship. So, discussion between supervisor and subordinates on evaluation feedback is unlikely happen.

When discussion with administrator on performance appraisal practice relate to career development was explained as 'it is not really in practice at the present but we rewards the outstanding performers according to their job function however, promotion and salary increment is based on seniority and years of experience'.

#### **4.1.4 Hospital D**

One of the medical university hospitals with around 2,332 hospital beds, hospital D is one of the renown and the very first medical school in Thailand. Established in 1888 and all HR related issue are the responsibility of the deputy dean, with administrative support from assistant dean and head of HR division. Only HR division alone is having approximately 103 employees. With faculty employment about 14,000 staffs under the management of faculty committee, HR division plays a vital role for the staff development starting from the selection process. As being a medical university, hospital provide scholarship for outstanding students and majority recruitment of the professionals are from Affiliate University.

Recruitment of professionals for instance, medical practitioners are in collaboration with Thai medical consortium together with faculty of medicine select the medical students. Deputy Dean of education has been appointed as subcommittee and secretary of selection committee. The vast majority of external sources of recruitment through advertisement and university job fairs with very competitive examination.

The selection tests include written examination and personal interview based on work related knowledge or skills, aptitude tests (verbal, numerical, spatial, planning, vocational interest and memory) and personality tests.

The recruitment is divided into four hiring categories such as expatriate employees, temporary staffs, university staff (for generate income) and university staff with a contract base.

Basic wages and standard benefits are providing to the staff under the guidance of CSC. Informal pay includes financial assistance in offering credit for government housing bank and government saving bank. Education assistance to government and permanent staff's children, medical treatment reimbursement (including temporary staff), social security, premium and pension fund, life reservation funds and saving funds for permanent staffs, uniform allowance, dormitory for female officers (nurses, nurse assistance, pharmacists, assistance pharmacists, finance, HR, social workers, nutritionists, imaging center staff, department staffs, public relations staff etc.) who work in evening time and on night shift. Other benefits such as staff bus, aerobic exercise as a staff welfare and for happy mind before starting the working hours in the morning (30 minutes) on every Thursday. Meal provided to faculty on special occasion (King and Queen's birthday, Thai New Year and international New Year), royal decoration and badges, staff New Year party, sports activities (competition between divisions), funeral assistance and New Year gifts are part of staff's remuneration.

Another staff welfare included economy products shop and emergency assistance in case of emergency and disaster (flood recovery assistance to those house were flooded in 2007 and 2011 is a significant support apart from government supports). Partial payment support to staff's child at day care centre who earns less than 30,000baht/month/family (Euro 731 as of exchange rate on 30 Jan 2012) also one of the benefits to staff in the hospital. Starting from 2009, hospital provide fitness centre for faculty, staff and students with free of charge for the first period together with professional trainers.

Formal orientation explaining on hospital's core culture with goals to all newly recruited staffs. As a medical institute providing graduate, post graduate and short term training to medical practitioners from country as well from abroad, hospital has full range of training facilities of their own. HR division in collaboration with public relations division, international relations division and medical information technology division, providing English language development skills training and computer literacy skills to all personnel in the faculty as well to the general staff based on the needs requirement. Invite overseas instructor for English language programs to personnel who need English for communication in each level. Self study computerized English learning program is included as one kind of learning and teaching approach.

'Training needs assessment as a tool to provide require training to our employees' mentioned by a staff of HR division. For the technical skills development training, professional staffs and technical staffs are learning by doing together with coaching and mentoring approach with feedback on performance by supervisors and or mentors.

Through exchange program for the medical practitioners, study visits, seminar and workshop attending in foreign countries are also part of the development program for the employees. Moreover, accepting residency training program from other countries across the world is a mean of exchanging ideas and knowledge learning among professionals. Overseas field trip excursion program is mainly provided to executives' level management under the hospital's budget but other level staff have opportunity of receiving funds from numerous donors to attend conference in other countries relate to specific field of profession.

In addition, public speaking skills and personality development training such as team working, communication, emotional intelligence, stress management, time management, conflict management, management skills and listening skills programs are provide by HR division for excellence service behaviours as part of an in-house training. Hospital accreditation national forum as well Dhamma practice (meditation and mindfulness) also arranged and virtue and ethic development for teaching staff through various courses in collaboration with HR department.

When author asked HR staffs on *what types of training are to HR personnel and management personnel* was explained as 'HR knowledge, report writing skills, executive training and total quality assurance' programs organized by external institutions. Apart from above mentioned training programs, various special lecture have been given by the HR division include 'how to survive in economic crises' to the employees. Encourage and support nursing personnel and medical practitioners to develop in research skills gaining knowledge around the



world in the purpose of systematic development of the hospital. Overseas training scholarship provide for post graduate degree for the development of potential teaching staff.

'Knowledge management is one of our core practices for the development of our staffs' was explained by one faculty. In addition to internal and external trainings provided, the communication division designed a knowledge management web page for staff to exchange knowledge and experience with other division in the faculty.

Nursing department has their own human resource department under the supportive division heading by the head together with deputy heads under the supervision of the dean and the director. Regards to career development in relate to performance for nurses, the department support research performance and research utilization into three areas: evidence-based practice in areas of excellence, evidence-based practice in health promotion and job happiness. Promotion is merit based and an evaluation criterion is according to CSC guidelines and was conducted twice a year. Competency planning grid is also one way of evaluating the staff's performance and indicator for the development plan and for training need assessment. Many research papers were published in international journal and some are presented in scientific conference and in national scientific conference stated by HR staff from the Dean office.

Hospital received numerous awards, for instance, ICT excellence award (SAP project), quality staff awards since 2004, passed re-accreditation survey and ISO certified by the Ministry of Public Health.

#### **4.1.5 Hospital E**

The biggest private hospital in South East Asia region, hospital E employs over 3,400 full time and part time employees, constitutes with around 1,200 physicians and dentists, and with more than 900 nurses. Its (554) hospital beds international standard medical service is managed by a team of American led international management team comprise of experienced hospital administrators from UK, Australia, Singapore and Thailand. Established in 1980, hospital E is a public company traded on stock exchange Thailand. Management structure constitute with board of directors, nomination and remuneration committee, audit committee, the governing board of hospital and investment committee.

Recruitment is through credentialing process, hospital recruits around 200 full time physicians who obtained U.S board certification and the others have U.S, Europe and Australian training and experience. The part time physicians, technicians, medical staff and nurses are drawn from affiliate university hospitals and majority of physicians are senior professors practicing in one of the three leading medical universities in Thailand. Staffing is tend to emphasize external sources with the intention of attracting more highly qualified employees. Therefore, selection is highly based on either experience in leading medical universities or, in the case of managers and professionals, an academic degree from a western country is preferred with English language competency skills as a compulsory. When author asked on what is the main concern is, 'related to

organization's firm socialization objectives' explained by an assistant corporate HR. She added the concept behind is 'by selecting individuals who already been oriented to western perspectives and values, with their national culture, the internal socialization efforts could rely more exclusively on Thai managers, as for part of diversity management'. Recruitment involved screening applicant's background, results of attitude and language tests (written and oral test) and personal interview. For instance, for the post of nurse, an applicant should be a registered nurse with bachelor degree in nursing with specified experience with computer literacy skills and language skills (TOEIC or TOEFL score is specified for professional and technical nurse post). According to process of credentialing, frequent reviews were being made during recruitment, during a nurse or a doctor's first year and every three years by the credentialing committee explained by an assistant nurse manager.

Regards to compensation and benefits, wages structure is relatively higher than the labour market. Being a public corporation, employee's salaries and benefits are managing with the decision of committee and governing board but basic benefits provided to employees are according to Thai labour laws which included social security, annual health check-up and provident fund. In terms of non-cash compensation to executives and professional medical practitioners (full time staff) covers providing better office and secretarial services, entertainment allowances, official checks, meals for business, a company car with driver (for some executives), lodging at the workplace and gym facilities, and medicare. Bonus is provided and cash rewards are paid only to the employee who did innovative performance. Points program also applying at the hospital to the employees for collecting points then redeemed for the gifts later on as procedure of a form of recognition.

Training is high priority for staff's development as one of the hospital's guiding principles. Annual conference usually provide to technical and professional staffs under the quality improvement project with cross-discipline team approach. Hospital sponsors active continuing medical education program for its physicians. Variety of training programs have been providing to physicians, technical staffs, nurses and dentists including information technology on using different soft wares and conducting clinical research. Hospital is using paperless medical record system and received U.S based Joint Commission International Accreditation (JCIA) as first hospital in Asia and was re-accredited

In continuous year up to 2011 with ISO certificate from Ministry of Public Health, Thailand. Hospital received many awards such as Thailand hospital accreditation, award of excellence on healthcare tourism, internationally certified laboratory and most innovative hospital of Thailand and so on. 'We formally organized orientation to each and every newly joined employee. They need to be informed about the working process of the various departments within the organization, to help themselves and to assist the customers' stated by a public relation staff. Orientation and mentoring program is organized by collaboration between HR department with other departments in order to develop employee's work skills and to familiar with state of the art medical instruments. Apart from training on work skills organize within the organization, hospital also encourage knowledge sharing and experience learning among various department, through 'town hall meeting' or through intranet web discussion board.

Through decentralized management system, hospital create different career ladder to the various categories of staff. In 2010, hospital received 'best practice work place award on labour relations and labour welfare award' from Ministry of labour. Individual performance is evaluated annually with appraisal form by using rating scale on quality of work, volume of work, dependability, flexibility, innovative, independence, communication skills, interpersonal relations, job skills and impact on organization. Feedbacks were given from supervisors in regard to individual development plan (IDP) for each employee.

## **4.2 Discussion**

Table 4.2 summarizes the analysis of HR practices in public and private hospitals in Thailand, indicating the HR practices for each of the five specific types of hospital considered. The findings present differences and similarities among HR practices in two sectors.

Table 4. 2 – Summary of HR practices in public and private hospitals

Type of hospital	Public hospital			Private hospital	
	Hospital A	Hospital C	Hospital D	Hospital B	Hospital E
Description of hospital	Under MoPH 310 hospital beds	Under BMA 450 hospital beds	Under Ministry 2,332 hospital beds	(family enterprise based, Thai owned firms) 410 hospital beds	(western subsidiaries) 554 hospital beds
HR function	Personnel division (administration for staff welfares)	Operational HR under Deputy Director of Administration	HR activities under the management of the Dean	Administration for staff welfares and general administration (under Director of Admin)	Corporate HR
Recruitment & Selection	Decentralization to different government departments. Follow the civil service act, Competitive recruitment, selection through examination (personal interview, written exam, psychological test and aptitude test) Have to follow hospital's deployment system	Follow the civil service act selection criteria, internal recruitment (word of mouth, bulletin, websites, social web page, advertising newspaper, online job search engines, message given during recruitment: 'If you understand and follow hospital's core values, you will happy here'. Rigid deployment system	Internal, majority from affiliate universities. Advertisement and university job fairs with very competitive examination.	Primarily on Internal source of filing jobs (especially for top and middle management post), selection through interview, formal selection criteria for professional & technical posts including language proficiency skills, websites advertisement, no deployment system	Both, internal and external source with credential process, with preferred western trained medical practitioners and English language competency is compulsory. Head hunting from top three leading teaching hospital in Bangkok and who is having training and experience in western countries. Monitoring on staff's competency and skills in recruiting time, the first year and every three years by credentialing committee.
Benefits & compensation	Health care benefit covering spouse and immediate family members + work load incentives +pension + educational assistance for the children +position allowance+ housing loan benefits	Health care benefit covering spouse and immediate family members + work load incentives +pension + educational assistance for the children +position allowance+ housing loan benefits	Health care benefit including for temporary staff and other benefits follow by CSC + gym facilities +weekly sports activities for all staffs for happy mind+ new year's gift to all staffs +day care center support for low accumulate income staff + welfares assistance in case of disaster+ economy products shop	Basic salary +overtime, leaves benefits as per labour law, in-house medical assistance to immediate family member with 50% subsidiary	Basic wage is generally higher than compare to labour market with market-based equity in compensation. Basic benefits providing are according to labour law

Type of hospital	Public hospital			Private hospital	
Recognition & rewards	Royal decoration & badges, recognition certificate on good performance	Formal recognition program with official celebration of success, formal awards such as outstanding staff award & people appreciate project	Royal decoration & badges, formal rewards program and awards were given by including Royal family to medical practitioners and to specific departments.	Bonus paid annually on the basis of whole organization performance, formal and informal rewards program	Cash rewards to innovative performer + performance based bonus, points program to redeemed gifts as a form of recognition
Training & development	Formal orientation by supervisor/head wards. General management training by CSC and technical & service care training by Nursing council (for nurses)	OTJ training (mentor program), opportunities for skills development, attending conference between projects	Formal orientation with collaboration from HR department. Numerous training, workshop, conference for every level of staff for knowledge sharing, continuing education and for the development.	Formal orientation with job responsibilities, formal education possibility for executive, technical and professional (internal & external), OTJ for operational staff, technical and service care training by Nursing council	Formal orientation program with mentoring arrangement to familiar with hospital's system, culture and to operate state-of-the-art technology. Training is high priority of hospital's guiding principle for staff development
Performance appraisal	Twice a year, conducted by head ward then submit to management.	Annual performance review with appraisals form	Twice a year including competency planning grid	Once a year with no feedback on results (just to get results) but regular feedback to top management level linked with salary review and training	Annual performance review with appraisal form with feedback from supervisor/ ward head for individual development plan
Promotion ladders	Seniority based promotion, single promotion ladders	Seniority based promotion	Merit based promotion	Very few career ladders to middle level but broad for top and executives level	Merit based promotion with multiple career ladders

#### **4.2.1 Thai values and culture which shape similarities on HR practices**

Thai values and Confucius values are included in this study as fundamental contextual factors that influence HR practices. Both factors have somewhat impact on employee's perception on their current practices. The power factor in managerial actions is relevant to traditional socio-cultural environment of hierarchical relations.

##### ***Benefits and compensation, performance appraisal***

In a culture of high power distance, high collectivism (Hofstede, 1991, 1997) with hierarchical relationships (level, family), which shape into work relationships, a number of similarities among hospitals can be seen especially in performance appraisal and rewards system. In principle, the appraisal system is performance based, but traditional Thai culture and Thai values in mixed with Confucius values is somewhat influence on the practice.

The common management style in Thailand is paternalistic (father like) proved by the findings of Hofstede and Bond in 1988 based on Chinese culture value survey, was discovered that "Confucian dynamism" (pp.16) impacts on far eastern countries including Thailand. The research findings explained the Confucius ideology is the organic relationship between individual and society, which two are mutually dependent. The relationship is characterised as family relationship with hierarchical model of interpersonal relations largely influenced by seniority and levels. On the other hand, maintaining harmony in the environment where social relationships are regarded as core of the society. Thailand is mainly influenced by two great culture of Asia; China and India but majority of corporate organization founders and most dominant community are Sino-Thais as mentioned in the literature. So, the Confucius ideology or mentality is predominant in Thailand like in other far eastern societies. Organizations are expected to take care of their employees and they are expected to be loyal in return. This Confucian ideology is certainly reflected in the findings of the research for instance the seniority based promotion. Thus, this finding is consistent with Fotaki and Jingjit (2011, pp. 67) survey characterised as, "informality and relaxed attitude but also by benevolent paternalism".

Traditionally, power distance is high in Thai culture (Hofstede, 1991, 1997). Respect from lower social class to higher social class is necessary which could be found in both public and private hospitals. This supports previously cited literature that suggests "Thai social system is the first and foremost a hierarchically structured society and interpersonal relationship are of utmost importance" (Komin, 1991, pp. 132-133), as one significant finding of this study. In Thai society, people generally address each other like they are their relatives, most frequently used old/younger brother and old/younger sister. Refer by only name considered as being rude or disrespectful especially when addressing to senior. This observation appears to be meaningful findings during conversation with middle level, including senior level and newly joined employees at both hospitals.

Moreover, Thai society is characterised by collectivism (same score with China) found out by Hofstede (1991, 1997). Thus, Thai norms encourage responsibility to members of a group which one belongs. A group might be a family, a circle of friends, a unit or a department in the organization. Hence, the findings in this research of similarities in non-monetary compensation of organizing division sports competition, New Year parties, staff group trips, religious activities are as a tool to unite employees from different units/departments which enhance building a loyalty to a group and, better cooperation among employees in the organization.

Thai people value harmonious relationships, conflicts, criticism, and other act which might cause someone to lose face are to be avoided (Komin, 1991). Thus, the findings in this study equal bonus payment at the hospital B even though hospital is operating as profit-making private organization, the comparison of performance among employees is not in practice. By this way, comparison of pay for performance is minimised as if all the employees were to be paid according to evaluation results, the one with worse marks will receive less pay, would lose face. This finding also stressed by Adithipyangkul and Prasarnphanich (2007) survey results on use of non cash and informal compensation. By doing so, the management earns 'face' and also showing caring for their employees as well maintains the good relationships among co-workers. This finding is consistent with Chen (1991) and Yasufumi (1989) of Confucian ethnic. But to the young generation with full energetic, this practice might be viewed as unattractive, somehow could lead unfair aspect of inappropriate practice in the organization. In this regards, the opinion on current practice on appraisal stated as 'ok' from senior staffs in contrast, 'not really happy' response from middle management and junior level staff. It was observed that in public and some private hospitals (generally in Thai owned firms), a line manager has freedom to score the results and they have been working with the hospital for long years ago. The response from interviewee questions related to opinion on performance appraisal and rewards showed they could compromise and tolerate to some certain level to avoid any personal conflict because the social harmony, face saving with '*kreng jai* (deferential heart)' attitude is very important in Thai society. Nevertheless, supervisors/head wards were said to be helpful with work but less helpful with career development.

In general, public hospitals are using balanced scorecards (BSC) concepts with key performance indicators (KPIs) under the guidance of OCSC since after the bureaucratic reform in 2002. In 2003, High Performance and Potential System (HiPPS) is introduced with aims to provide opportunity for high potential civil servants into talent development program. Civil servants who pass the HiPPS process, will be trained in country and abroad to strengthen their specialization. Moreover, being a HiPPS participant, fast track promotion would be considered to become senior executive service or senior professional service officer, OCSC (2009). This program is a significant government strategy of retaining high potential civil servants, while external pressure of increasing competitors, and many other limitations. Appraisal practices in private hospitals are varied, some are trying to apply 360 degree, some use rating scale which more similar to management by objectives (MBO) and or BSC approach, some are simply developed their own appraisal form in excel format. In this study, formalised individual development plan relating to appraisal can be observed at the hospital E.

The incentives or bonus payment is a tool for motivating good work performance results (Kuvaas, 2011). The equal bonus system in this paper at hospital B shows the organization emphasise team and unity. In government sector, step increase in rank. But according to OCSC's guidelines KPIs, the one who contribute high score to essential KPI, might be granted the same rank increase with the others who have worked routinely. Recruiting physicians, technical staffs including nurses, motivating them to attach to their represent hospital is a major health administration challenge in Thailand. "High expectation from physicians and growing demand are source of problems" result filling of vacancies in both public and private hospitals, Pongsettakul (2008,pp. 44). Thus, performance appraisal practice, in turn, need to be formally integrated and support HR system, so that recruitment, training needs, career development and rewards could be reinforce (Huber, 1983).

Even though Thailand culture have dominant over Confucianism, ranked 8<sup>th</sup> out of 23 countries with a score of 56, rather high on world scale but lower than Confucius ideology origin, China and many other Asian countries (Hofstede & Bond, 1988, pp. 12 -13). The whole list of Confucius dynamism countries result could be found in Appendix 3. It could be most of the Thai favour adapting their tradition to modern world, precisely, pressure for change abound stated by (Lawler & Siengthai, 1997 and Lawler, Siengthai & Atmiyanandana, 2006). As mentioned in chapter 2, based on Thailand historical background in changing administrative context, as well the consequence of the dramatic economic growth during the 1980s, resulted acquired western management in education, and concepts and practices were implemented in management system. The score result was explained by Hofstede & Bond (1988, pp. 17) as "pure psychological exercise" which referred to each country's culture.

### ***Training and development***

At the level of entrance, administrators both public and private hospitals recognize the importance of orientation to speed up process of learning of new recruits and to perform effectively. Moreover, providing continuing education and in service training of health care workers have been recognized by administrators as important factors. Thence, both organizations setting its own training centre and in-house training provided. On-line training has been also introduced to promote self-learning and setting web board for sharing information among co-workers. Thus knowledge sharing via discussion web board or through intranet among medical practitioners can be seen in both organizations. But efficiency and effectiveness is quite limited in public hospitals, except in teaching hospitals due to constrained budget from government and public agencies.

Among public hospitals, the hospital D can provide English training to its employees with invited native speaker as part of the training programs under the staff development scheme. Perhaps it can say that the public hospital D is globalized in its management style, organizational structure and competencies in the human resources development. Apart from central budget from government, the hospital D also generates incomes from teaching fees and research development projects, thus it would increase the investment into its personnel.



Therefore, in relation to training content, both organization aims to position the knowledge management and continuing education as one of the core practices for the employee's skills development (Aguinis and Kraiger, 2009). In addition, providing on the job training to new hire, and continuing education to professional staffs in order to adapt with constantly changing environment, with technology innovation in treatment, the competent workforce is essential to health care system (Chase et. al., cited in Crow, Hartman & Henson, 2005, Tai, 2006 and Asplund, 2005).

However, the findings of similarity in training and development in both hospitals perhaps, due to the nature of the organization, rather culture values effect.

#### **4.2.2 The organizational nature which create differences in practice**

##### ***Recruitment and selection***

All hospitals in this sample are proactive in their recruitment process. The private hospitals recruit from their internal sources more often than public hospitals, and are still somehow relied on social networks, personal contacts and "*mee sen*" (to have string to pull) as stated by Lawler et. al.,(1995). This finding reflects on question of "How do you join the hospital". In contrast, recruitment in public hospitals is decentralized in various government departments. On this study, recruitment endorsement at the public hospital A is endorsed by governor at provincial level (local government) thus, problem associated with familism or kinship is not, however, limited to only public hospitals.

Among private hospitals of this study, staffing policy of the private hospital E is internationally recognized. The executive team constituent with mixed nationals are chosen of their experience and capacity rather than nationalities. Anyway its board of members and shareholders holding the majority are local Thais. These two private hospitals set welfare for employees and encourage the continuing education for the development of their career principle. The core vision is to tell people the essential service mind through "world class service" and "quality service" which emphasize customer focused.

Either public or private hospital has its own recruiting process through competitive examination and personality test including qualification and experience. As health manpower is an important input for health care service, selecting skilled workers is essential in order to sustain the competitive advantage (Laio & Chu, 2006). The significant contrast in selection stage between both hospitals is about language skills proficiency. The Thai health care system is more attractive for foreign patients due to relatively low medical expenses as compared expenses in U.S.A. (85% less), UK and Australia according to information available on Thailand Medical Tourist (2012) with high quality standard such as ISO and JCI accredited hospitals. Thus, language skills competency of medical practitioners and hospitals staff is major competing force for medical service business competing

against other countries as well as neighbouring countries: Singapore or Malaysia. In this paper, the private hospital E provides more than thirteen languages as a key factor of the facilities.

#### 4.2.3. Major challenges at public and private hospitals

Based on the semi-structured interviews and annual report from MoPH (2007), OCSC (2011) and NESDB (2011), the author found that the challenge facing at, both private and public organizations is the recruitment and selection of physicians, nurses and technical staff. However, its challenge is different among both organizations in some certain level. For instance, public hospitals need to create more experienced physicians and transferred to private hospitals due to big demand in skilled staff and growing numbers of private hospitals in urban area as internal brain-drain effect. In fact, 66% of Thailand, with population of 69 million, resides in rural region as indicated in World Bank data (2012). Even, MoPH established 92 hospitals at provincial level (see Table 4.3), which 19 are designated as regional hospitals with 500-1,000 hospital beds, but as rapid growth in economy and attractive high wages in private hospitals it created an internal brain-drained circumstance. This observation is discussed by Sakunphanit (2008) and Kanchanachitra et al. (2011).

Table 4. 3 – Health care infrastructure in Thailand.

Types of hospitals/health care centre	Urban		Rural		
	Bangkok	Provinces	Districts	Tambons (sub-districts)	Villages
Medical university	6	5	-	-	-
Special hospitals	24	22	-	-	-
General hospitals			-	-	-
Public hospital	29	92	724	-	-
Private hospital	131	342	-	-	-
Private clinic	3,143	9,063	-	-	-
Primary health centre	85	-	132	9,704	-
Primary health care centre	-	-	-	-	63,443

Source: Health resource survey, Bureau of health policy and plan, MoPH (2011).

Social tide related to decentralization in local administrations with universal health care system results the overload works dramatically to all medical practitioners in the rural. Therefore it leads to emigrating those skilled human resources from public hospitals to private hospitals or to other business, which is a main reason for internal brain-drain according to Thailand MoPH's health profile report (2005-2007). The number of loss doctors during 1994 – 2006 illustrated by MoPH is in Table 4.4.

Table 4. 4 – Number of proportion of doctors loss in relation to newly appointed doctors during 1994 – 2006.

Fiscal year	No. of doctors						Net loss No. (percent)
	Increase			Decrease (resigned)			
	Newly Graduated	Re- appointed	Total	Civil servants	State employees	Total	
1994	526	-	526	42	-	42	42 / 8.0
1995	576	-	576	260	-	260	260 / 45.1
1996	568	-	568	344	-	344	344 / 60.6
1997	579	30	609	336	-	336	306 / 52.8
1998	618	93	711	299	-	299	206 / 33.3
1999	830	57	887	204	-	204	147 / 17.7
2000	893	98	991	201	-	201	103 / 11.5
2001	883	82	952	193	83	276	194 / 22.0
2002	878	38	916	401	163	564	526 / 59.9
2003	1,013	39	1,052	287	508	795	756 / 74.6
2004	998	32	1,030	468	-	468	436 / 43.7
2005	741	37	778	663	-	663	626 / 84.5
2006	1,188	110	1,298	777	-	777	667 /56.1

**Source:** Bureau of Central Administration, Office of the Permanent Secretary for Public Health.

**Notes:**

1. Parent agencies adjusted their own data for fiscal years 1995-2003.
2. According to the cabinet resolution, since 1999 MoPH has been required to accept the graduates who have been awarded scholarships as state employees under the MoPH, rather than as civil servants.
3. In 2004, MoPH appointed all state employees as civil servants.

Source: Office of the permanent for the public health, Ministry of Public Health, Thailand. Annual report 2005 -2007.

In private hospitals, the internal brain-drain affected a reverse in recruiting and maintaining professional physicians due to political unrest as well as global and domestic economic downtrend situation, and decrease in medical tourists in private hospitals especially the case of the private hospital E. Furthermore, MoPH strategy on initiatives of rural health development as part of national-based integrated rural development project provides the special hardship allowance to medical doctors at districts hospitals together with non private practice allowance, and overload working incentives to all medical practitioners. The government regulation on scholarship doctors

who are likely to move into private sector is also a challenge, an obligation of at least one year of public service in rural area before specialist training can be undertaken, MoPH (2003). As well an increase in payback fine is targeted to newly graduated practitioners who refuse to give 3-year service in rural practice, right upon the completion. Opening the off-hour special clinic is an option for physicians at university hospitals to gain more income and to sustain their human resource at the same time.

The next chapter is the conclusion and limitation of this paper with proposed further research in the future.



## **CHAPTER V – CONCLUSION, LIMITATION AND FUTURE RESEARCH**

The final chapter is dealing with conclusion and limitation of this research as well as suggestions for future research.

### **5.1 Conclusion**

As mentioned in objectives and purpose of this research, the author tries to examine the current HR practices in order to compare and contrast between sampled public hospitals and private hospitals in Thailand, and to examine Thai social culture influence on HR practices. According to the interview with staff from hospitals, the author observed that the social culture plays influence on HR practices.

The author also found different formation of HR practices, specifically private hospitals emphasize more on 'pay for performance' while public organization puts more attention in selection process. Nevertheless, public hospital policy is centralised or provincially centralised. Based on interviews and hospital annual reports, the author found that the university hospital (hospital D) operational HR practices and management style is moving more closer to the private sector model by adopting high performance work practices, considerably differ from other public hospitals in this study.

Seniority model has great influence not only in mutual relationships, but also in the operation of the public organizations. As well, the seniority influence can be found in Thai-owned private hospitals as same as the public organization. It is observed that both organizations formed mixed (combined) culture of: caring and warmth (family-like relation and paternalistic nature); loyalty and tradition in associated with formalised and structured system; and rules and policies. The reward system (promotion) is usually based on ranking (senior) process in that organization. Thus, the study reveals the type of health organizational culture related to the argument by the authors, Scott, Mannion, Davies and Marshall (2003), that values and tradition, tended by the nature, is somewhat resist to accept modern concepts, such as KPIs and competency management. It can summarize that both organizations are characterized by hierarchy, collective interest and interpersonal relationship orientation.

The idea of performance appraisal linked to incentives is quite new to Thai Government. The objective of performance appraisal is to help develop organization and improvement of unit/departments and individual person, which the feedback from appraiser is so important. But current performance appraisal system in major public organization focuses more on the assessment scores, and without detailed feedback. Although there have verbal suggestions from supervisor/appraisers, still the career development for individual person is kept limited. That is because the effects from the performance management system in public organization which are centrally formalized with three components: performance agreement; performance appraisal; and performance-based pay. The criteria and procedures of performance-based pay are supported in the development of government administration, quality of work life and increased personal satisfaction. According to the new Civil Service Act

2008, civil servant performance is expected to measure result-based output, efficiency and good value in state function (OCSC, 2009). One retired senior official expressed that the applying BSC is to use for performance indicator rather than a tool for implementation, by means of, it focuses to make score in the KPIs, and really stressed when evaluation is set a goal for hospital accreditation. The author learned that the performance appraisal system in Thai public hospital are adopted from BSC's four perspectives: encouraging organization to improve missions covering the strategic goals; increased efficiency of the internal management process; providing quality of products and service for public interests; and developing staff competencies (OPDC, 2009).

The author found out the disadvantages on performance management in Thailand public sector from the previous research findings, the standard key performance indicators do not be compatible to all public agencies or departments' mission. There are some different public organizations when 'one goal set for all organizations' results inflexibility for other organizations according to the nature of the work. In addition, the goal is set from top-down, results-based conceptual framework is one way communication (this found no feedback on the evaluation, it is again top-down communication).

According to the Literature Review, one of the Thai national cultures of high power distance by Hofstede, in this study, the author investigated that the existing traditional culture and political environment do not allow much modern approach in system. Surprisingly, this norm also found in private hospital as well. Every doctors and nurses in Thailand are members of the nursing association or doctors association as a compulsory. Thus, the power factor in managerial system can be seen in training and development, and performance appraisal practice. Senior/supervisor/line manager has (scope and) freedom to score the results of their subordinates. While the organization and government aim to manage employees to achieve best results through performance management, some traditional values or existing organizational culture will serve as obstacles.

Feedback given by some supervisors tends to varies in different appraisers but mostly in verbal. Western-initiated concept of performance management is based on transparency, fairness, performance, open communication (at least in two ways), and equality. In contrary, a significant Thai culture and / or Thai values in 'face saving' that is equally important as ego stated by Komin (1991), caused a consequence on assumption. Furthermore, on the one hand, 'kreng jai', intra group harmony, avoidance conflict, and seniority system (respect to older, senior, social class) has derived from Confucian culture, *katanyu katawethi* (religious concept) leading to inappropriate practice in the organization. In consequence, these culture and values encountered non-transparent problems and the process was unfair as indicated by the staff. On the other hand, this can be assumed as the supervisors' concepts about personnel appraisal and skills on performance appraisal. In result, in some organizations, the closed performance appraisal system without two-way communication would be difficult to recognize how a closed system can be judged 'fair to the major aim of performance appraisal'.

In the private hospital E with major focus on organizational performance, the maintaining of key personnel is much higher values, when compared to the public hospitals (according to the performance appraisal for career development). It is understandable that the private hospitals operate their business in a very

high competitive environment and a rapid growth of market, therefore the economy and political threats force them to continuously improve and develop their own HR practices in order for coping with harsh environmental conditions, and for the enhancement of employees' skills, motivation and participation.

In conclusion, as reflection to the previous studies, the findings of this study show that traditional Thai values (the culture and religion in relation with Confucian values) play significant roles on daily HR practices both in the sampled public hospitals and private hospitals. As mentioned in the Introduction Chapter, Thailand has been called 'land of the free' which represents a solid evidence of relax attitude, various levels of flexibility, and with her national religion, Buddhism, has shown influence on pattern of social relations among Thais. The Thai values of 'face saving', '*Katanyu Katawethi*', '*kreng jai*', conflict avoiding and '*nam jai*' concepts could be observed and considered in the recruitment, the compensation and performance appraisal practices. Thus, the study has questioned whether the concepts of HR practices, initiated mostly by democratic western countries, would be some problems or well-adopted prospects in the Thai HR context?

In summary, the study provides the similarities and differences in HR practices of two types of health care organizations in Thailand, by presenting the underlying ethical norms and values interplay with their organizational cultures, which reflect the HR practices in the public hospitals and the private hospitals.

## **5.2 Recommendations**

There is no universally appropriate HR practice which fits all organizations in all countries. There is, of course, no perfect system, but it can be a good fit. Brain drain circumstance is an on-going problem of both public and private hospital managers to maintain their physicians. As previously mentioned in introduction, the public sector plays a major role of country's health service system and with highest manpower (approximately around 46.41%) compare to other sectors according to NESDB (2007) statistical data. As the percentage of professionals engaged in technical workforce, understanding and effective managing the employment relationships between professional employees and their organization become increasingly important (Barley, 1996 cited in Pongsettakul, 2008). In order to manage the maldistribution under central control system, a joint planning among administrations at central, regional, provincial levels, and individual advocated hospitals, would reduce some substantial degree of internal brain-drain effect.

Training and development is one important activity in human resource development. For more fruitful and cost-effective practices, hospital organizations need to develop more rational, systematic assessments of individual needs. Moreover, administrators/managers in health care sector should be trained to carry out the training need assessments, evaluations of learning achievement and impacts on employee performance to guide for HR development process.

The rewards, in near future, will definitely base on individual performance-oriented and will be less on seniority due to social, economy and technology challenges. The government legislations and constitution will amend equal opportunity work force as a democratic country. Thus, it needs to develop the plausible



relationship between seniority pay and performance-based pay, both in private and public hospitals where 'face saving' matters.

According to author's conversation with Mr. Denpong Pollakorn, President of the Consult Thai (Thailand), one of the leading HR consulting firm in Thailand, he stated that, "traditional Thai values would be continued to dominate action. The 'face' is most significant matter as it is equivalent to our 'ego' and '*kreng jai*' (being considered of others' feelings/differential heart), which were taught and learned since our childhood as these feelings are in deep side of our heart. Eventually, many Thais educated in USA and European countries, but I trust their root values will never lose".

### **5.3 Limitations**

This study has so much limitation. Firstly, the study is qualitative research. Findings are based on semi-structured interview, conversation with staffs from both sampled private and public hospitals. So, the findings could be subject to observation of the author which information provided by the interviewees are personal opinion and their perceptions. That can possibly bias the results. There are limitations mainly inherent to the research methodology, Yin (2003), as discussed in Chapter 3. With explorative goals, finding did not represent the numerical results. Furthermore, this study was conducted from culturist approach.

The sample in the study is relatively small and did not directly examine the culture and values of each organization thus, the interpretation of culture values are limited. Instead, findings are illustrated in the form of examples and quotations. Referring the research questions, findings did not answer them by generalizing big figure to secondary and primary analytical data. Interview results were analysed and interpreted in qualitative manner. Also, quantitative research such as survey should be added to investigate in-depth attitudes from each individual. Another limitation is, like all other empirical research, the time limitation.

### **5.4 Suggestions for future research**

This study discussed only four main human resource management practices in both sampled public and private hospitals. There are more practices hence, the future research should include other practices by considering broader aspects which include technology, and more deeper social point of views. Lastly, a significant challenge for future research is to investigate the opinions and preferences of employees in terms of performance appraisal and the likely impact on individual at all levels of career development in both public and private hospitals in Thailand.

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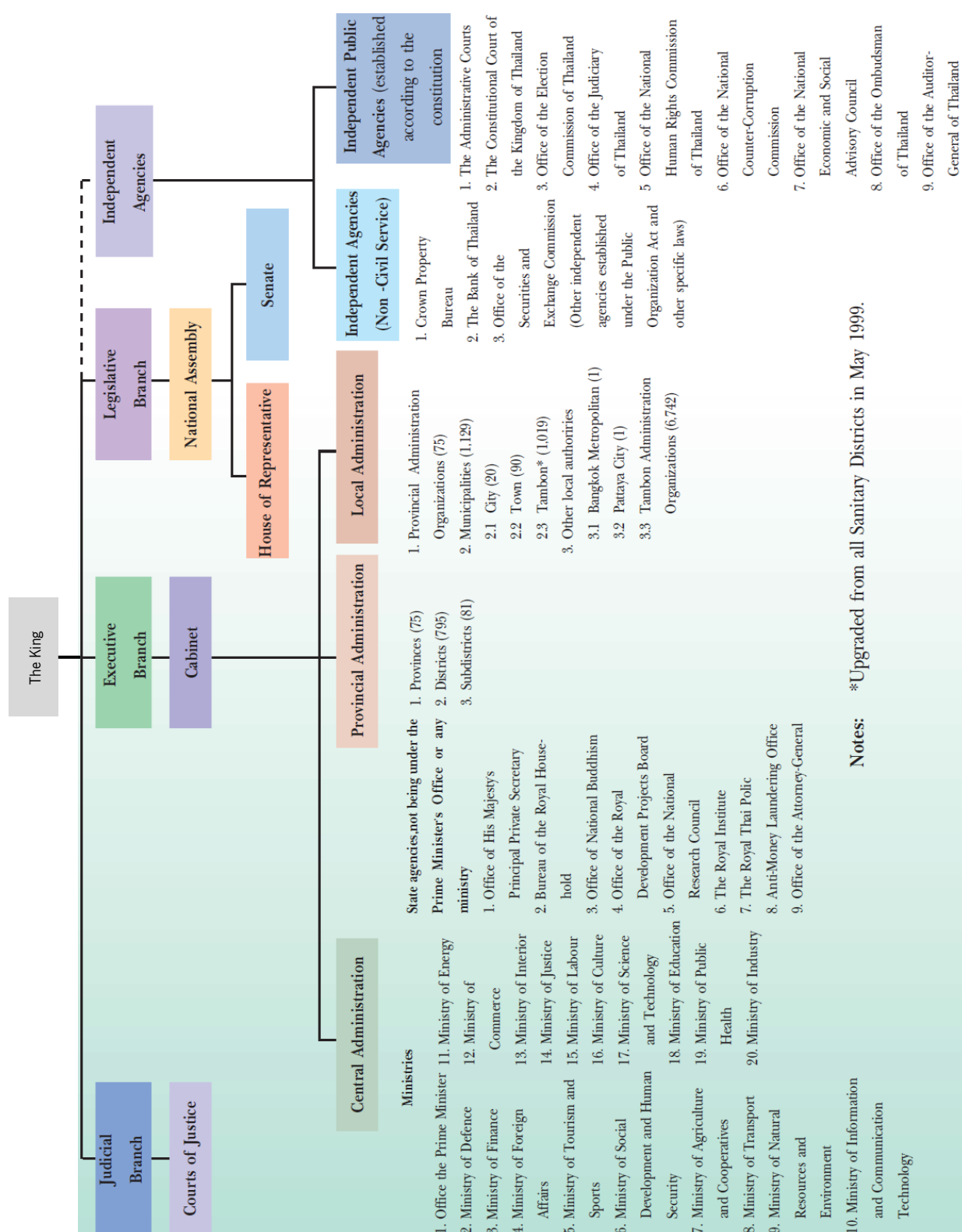




## **APPENDICES**



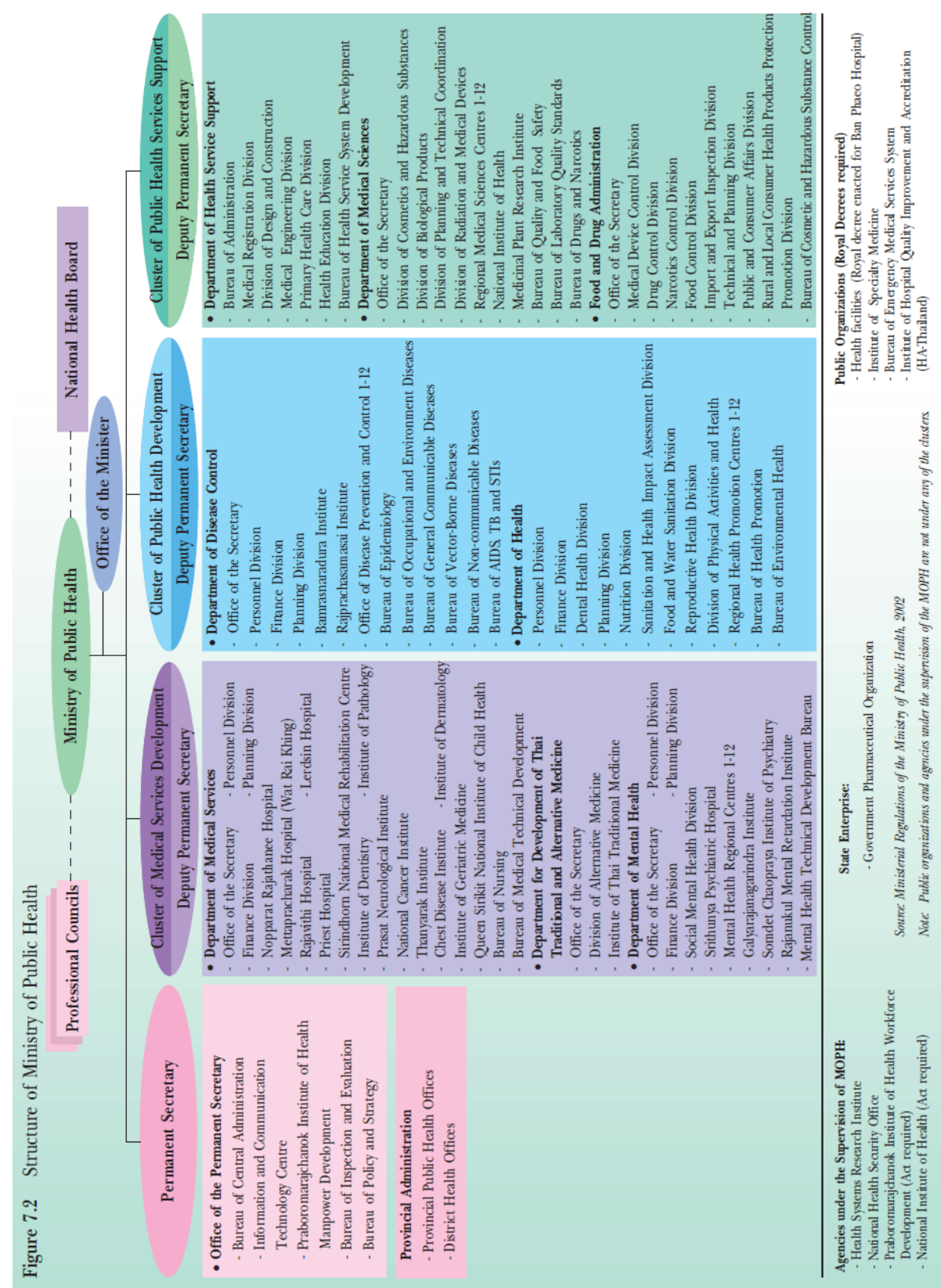
## Appendix 1. National Administrative Structure of Thailand



**Notes:** \*Upgraded from all Sanitary Districts in May 1999.

Source: Office of the permanent for the public health, Ministry of Public Health, Thailand. Annual report 2001 -2004.

## Appendix 2. Organizational structure of Ministry of Public Health, Thailand



Source: Office of the permanent for the public health, Ministry of Public Health, Thailand. Annual report 2001 -2004



### Appendix 3. Chinese value survey based on five cultural dimension

SCORES ON FIVE DIMENSIONS FOR FIFTY COUNTRIES AND THREE REGIONS IN IBM'S INTERNATIONAL EMPLOYEE ATTITUDE SURVEY												
Country	Power Distance		Individualism		Masculinity		Uncertainty Avoidance		Confucian Dynamism			
	Index	Rank	Index	Rank	Index	Rank	Index	Rank	Index	Rank		
Argentina	49	35-36	46	22-23	56	20-21	86	10-15	31	11-12		
Australia	36	41	90	2	61	16	51	37				
Austria	11	53	55	18	79	2	70	24-25				
Belgium	65	20	75	8	54	22	94	5-6				
Brazil	69	14	38	26-27	49	27	76	21-22	65	5		
Canada	39	39	80	4-5	52	24	48	41-42	23	17		
Chile	63	24-25	23	38	28	46	86	10-15				
Colombia	67	17	13	49	64	11-12	80	20				
Costa Rica	35	42-44	15	46	21	48-49	86	10-15				
Denmark	18	51	74	9	16	50	23	51				
Ecuador	78	8-9	8	52	63	13-14	67	28				
Finland	33	46	63	17	26	47	59	31-32				
France	68	15-16	71	10-11	43	35-36	86	10-15				
Germany (F.R.)	35	42-44	67	15	66	9-10	65	29	31	11-12		
Great Britain	35	42-44	89	3	66	9-10	35	47-48	25	15-16		
Greece	60	27-28	35	30	57	18-19	112	1				
Guatemala	95	2-3	6	53	37	43	101	3				
Hong Kong	68	15-16	25	37	57	18-19	29	49-50	96	1		
Indonesia	78	8-9	14	47-48	46	30-31	48	41-42				
India	77	10-11	48	21	56	20-21	40	45	61	6		
Iran	58	19-20	41	24	43	35-36	59	31-32				
Ireland	28	49	70	12	68	7-8	35	47-48				
Israel	13	52	54	19	47	29	81	19				
Italy	50	34	76	7	70	4-5	75	23				
Jamaica	45	37	39	25	68	7-8	13	52				
Japan	54	33	46	22-23	95	1	92	7	80	3		

Korea (S)	60	27-28	18	43	39	41	85	16-17	75	4
Malaysia	104	1	26	36	50	25-26	36	46		
Mexico	81	5-6	30	32	69	6	82	18		
Netherlands	38	40	80	4-5	14	51	53	35	44	9
Norway	31	47-48	69	13	8	52	50	38		
New Zealand	22	50	79	6	58	17	49	39-40	30	13
Pakistan	55	32	14	47-48	50	25-26	70	24-25	0	20
Panama	95	2-3	11	51	44	34	86	10-15		
Peru	64	21-23	16	45	42	37-38	87	9		
Philippines	94	4	32	31	64	11-12	44	44	19	18
Portugal	63	24-25	27	33-35	31	45	104	2		
South Africa	49	36-37	65	16	63	13-14	49	39-40		
Salvador	66	18-19	19	42	40	40	94	5-6		
Singapore	74	13	20	39-41	48	28	8	53	48	8
Spain	57	31	51	20	42	37-38	86	10-15		
Sweden	31	47-48	71	10-11	5	52	29	49-50	33	10
Switzerland	34	45	68	14	70	4-5	58	33		
Taiwan	58	29-30	17	44	45	32-33	69	26	87	2
Thailand	64	21-23	20	39-41	34	44	64	30	56	7
Turkey	66	18-19	37	28	45	31-33	85	16-17		
Uruguay	61	26	36	29	38	42	100	4		
United States	40	38	91	1	62	15	46	43	29	14
Venezuela	81	5-6	12	50	73	3	76	21-22		
Yugoslavia	76	12	27	33-35	21	48-49	88	8		
<i>Regions:</i>										
East Africa	64	21-23	27	33-35	41	39	52	36	25	15-16
West Africa	77	10-11	20	39-41	46	30-31	54	34	16	19
Arab Ctrs.	80	7	38	26-27	53	23	68	27		

Rank Numbers: 1 = Highest; 53 = Lowest (For Confucian Dynamism: 20 = Lowest)

Source: Hofstede & Bond (1988). The Confucius connection: from cultural roots to economic growth. *Organizational dynamic*, pp. 12-13.



## Appendix 4. Guidelines for interviewing and conversation

(with HR personnel and/ or administrator)

### Profile of the organization

1. What is the size of the labour force in your (whole) organization? How many physicians, professional and technical nurses, general staffs in the organization (estimate figure)?
2. How many HR personnel at the HR department?
3. What category of your hospital?

Is

- Owned by a company or individual
- Owned by not for profit foundation which is waived from paying corporate tax
- Public company register in Stock Exchange of Thailand
- Small hospital refers to clinic or private clinic

### Organization structure

1. How would you define the structure of the organization?

Organization structure

- a. Number of centres/departments
  - b. Line of authority for HR department in the organization?
2. What is the importance of HRM to the success of your hospital? (the opinion on HRM)

### HR practices

1. The staffing process
  - A. What are the frequent ways used by your organization to identify the methods in which the employees were referred or contacted prior to employment?  
(sources of recruitment)
  - B. What are the process of recruitment and selection for your organization?
  - C. How do you think your recruitment and selection process is effective for getting the right people for the right job? Why?
    - Age limitation in recruitment (professional to general)
    - Criteria for selection (for physicians, nurses, customer care staff)
    - Nationality preferences (only Thai or is there any other nationality in terms of specialist)
    - Minimum qualifications for physician, nurse, pharmacists, general workers
    - Language ability
    - Length of contract for professional (physicians, nurse, pharmacists)
  - D. What have been done to minimize the risks from selecting employees?
2. Training and development program for staffs
  - A. Does your organization have orientation program for newly joined staffs?
  - B. If yes, what does your organization do to orient new comers?
  - C. Is formal orientation program usually provided by HR department?
  - D. Does your HR department provide training to the employees?
  - E. What types of training opportunity to newly recruited staffs and to existing employees?

- F. How do you determine training needs in your organization?
- G. After the training, do you usually evaluate the effectiveness of the training?
- H. Do you think the training is very important to staff's career development?

### 3. Compensation & rewards system

- A. What are the non-monetary compensation to all staffs?(e.g health insurance, medical checkups or in house medical service, staff group trip, uniforms, monthly group birthday party, religious activities, new year gift, transportation, sport facilities/activities, free coffee/juice, paid leave etc.)
- B. What are the monetary compensations apart from salary to all staffs?(e.g bonus, provident fund, educational support to staff's children, reimbursement for medical treatment of immediate family members etc.)
- C. What are the patterns of motivation in your organization besides the compensation system?
- D. How involved are employees in the development of the organization? (are they consulted, are their opinions taken seriously)
- E. Do you provide any financial or other assistance to the staffs?
  - Any special allowance for language ability?
  - Emergency loan or financial support (for the case of disaster; floods, fire)
- F. What are the methods of rewarding good performance staffs?

### 4. Performance appraisal

- A. Does your organization use performance appraisal system?
- B. What is the purpose of performance appraisal (for rewards, for training, for disciplinary action or to facilitate communication between supervisor and staff)
- C. How many times do you conduct evaluation? (once a year, twice a year)
- D. What kind of methods do you use for evaluation?
- E. What is the role of HR department in staff's performance evaluation?
- F. Are there regularly opportunities for staffs to give feedback on their performance?
- G. Do you feel comfortable (as a supervisor) when you need to do an appraisal interview?

### 5. Promotion & Career development for staff

- A. What kind of benefits do you provide for career advancement of your employees? (e.g providing to attend training program in Thailand and/or study visit in other countries, scholarship providing for outstanding staff for overseas training, mentoring or coaching program for performance improvement)
- B. How do you reward the outstanding employees? (monetary, non-monetary)
- C. What kinds of employees are most likely to be promoted? What are the basic criteria for promotion (full time staff)?
  - Work experience/ seniority based
  - Competency based (from performance evaluation)

### Open discussion

- A. What are the problems/challenges facing by the current HRM practices of the organization?
- B. Will you accept the ideas or opinions of your staff for the progress of the present HRM practices?

## **Guidelines for interviewing and conversation with the check lists**

(with doctors, nurses, pharmacists and hospital staff)

### **A. Recruitment and Selection**

Q 1. How do you join the hospital?

- through advertisement,
- through recruitment agency,
- personal contact

Could you please explain how many steps that you need to undergo for selection?

- Written examination
- Personal interview

Q2. Have you received formal orientation programme to familiarize with hospital's norms and values?

Q3. Is your department or HR/administration explained about your duties and responsibilities?

Do hospitals clearly mention all staff's responsibilities, any idea?

Q4. Does hospital also recruit Male nurses?

Q5. Is there any age limitation for nurses and doctors when hospital select?

Q6. What is the minimum education level for professional level?

Q7. When you start joining with the hospital, can you directly join with the team that you applied for OR have to follow hospital's deployment system?

If yes, are you ok with that system? How about the other colleagues, the majority of them are happy with the deployment system?

### **B. Training & development**

Q1. Have you ever receive training from the hospital? Does Hospital has their own training center?

Q2. What kind of training does hospital usually provide to staff to improve skills and knowledge? Could you please elaborate the trainings that you participated?

Q3. Is that on the job training (in house training) or joining training at another training program offer by the university and other institutions?

Q4. Do you feel training that you received from the hospital is relevant and could apply into job?

Q5. Do you think training is very important for the career development?

### **C. Compensation & benefits**

Q1. What kind of benefits do you receive from hospital in addition to basic salary?

- Health and welfare benefits to family (health, life or accident insurance)
- Provided fund
- Education assistance to children
- Scholarship for staff and/or for children
- Travel allowance

- Leaves (sick leave, maternity leave, vacation leave, ordination leave (for male staff)) how many annual leaves you could receive from hospital?
- Bonus (based on department's performance or whole organization's performance)
- Special allowance (for language ability, overtime)
- Workload incentives payment (like overtime or sharing workload of co-workers)
- Uniform
- Coffee room (free to all staff)
- Monthly group birthday party
- Annual staff party
- New year gifts (organized by HR dept. distribute to all staff)
- Sports facilities
- Staff group trip
- Training programs (in country & overseas)
- Others

Q2. What is your opinion of HR role at your organization?

- Providing assistant to employees
- Giving good advice to other line managers in terms of employee's development and motivation employees

D. Performance appraisal

Q1. How many times hospital conducts performance evaluation?

- Once a year
- Two times a year

Q2. What kind of evaluation system/ process the hospital used?

- Only between supervisors and employee
- Evaluate by supervisor, head of department, director
- 360 degree (supervisors, subordinates, customers etc)

Q3. Is the criteria used to evaluate your performance in evaluation are clear? Is based on?

- Quantity of work
- Quality of work
- Behaviour, such as communication skills, leadership skills, team work skills

Q4. Is your performance feedback is regularly provide by the management/supervisor? –

Q5. What kind of performance appraisal the hospital usually does?

- Merits based/ Performance based (Management by objectives)
- 360 degree feedback
- Rating scale (based on grading scale and usually evaluate on behaviour, such as communication skills, leadership skills, team work skills, customer service

Q6. How do you feel on the performance appraisal and, are you happy with your performance appraisal results?

Q7. Do you feel comfortable (as a supervisor) when you need to do an appraisal interview?

E. Promotion and career development

Q1. Did hospital reward if staff did a good job?

Q2. How is it possible for you to climb up the career ladders?

- Work experience OR seniority based
- Knowledge exam (general knowledge, customer service, special care for special patients etc.)
- Based on Performance appraisal record

Q3. Is hospital has career development plan for the staff?

- Only for some managerial staff
- Only for senior profession

Q4. How do you think the hospital relate compensation system with the level of knowledge and skills acquired by staffs?

### **Open discussion**

1. Are you satisfied with the current HR practices in hospital?
2. In your opinion, what do you think what kind of problems/ challenges facing on the current HR practices? What might be the reason, do you think?

On

- Selection
- Training
- Compensation and benefits
- Performance appraisal system

3. How many staff at your department?

Full time ( )

and part time ( )

4. How many staffs in whole organization? If having many branches under the organization, please mention only at your office
5. What do you think of the organizational management style? Is it centralized or decentralised? (especially decision making on staff's promotion and career development)